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=> d his

     (FILE 'HOME' ENTERED AT 11:19:16 ON 09 JUN 2003)
               SET COST OFF

     FILE 'REGISTRY' ENTERED AT 11:19:45 ON 09 JUN 2003
L1             7 S (SUMATRIPTAN OR NARATRIPTAN OR RIZATRIPTAN OR ZOLMITRIPTAN OR
L2            19 S SUMATRIPTAN OR NARATRIPTAN OR RIZATRIPTAN OR ZOLMITRIPTAN OR
L3            18 S L2 AND (C14H21N3O2S OR C17H25N3O2S OR C22H26N2O2S OR C17H25N3
L4             7 S L3 AND 1/NC
L5             7 S L1,L4
L6            11 S L3 NOT L5
               SEL RN L5
L7            58 S E1-E7/CRN
L8            47 S L7 NOT L6
L9            34 S L8 NOT MXS/CI
L10           21 S L9 NOT COMPD
L11           28 S L5,L10
L12           13 S L9 NOT L11
L13           10 S L12 NOT (C10H16O4S OR C5H7NO3 OR C5-C6-C6-C6/ES)
L14            1 S L13 AND C15H18N2O2 AND C14H21N3O2S
L15            9 S L13 NOT L14
L16           37 S L11,L15

     FILE 'HCAPLUS' ENTERED AT 11:27:25 ON 09 JUN 2003
L17          960 S L16
L18         1286 S SUMATRIPTAN? OR NARATRIPTAN? OR RIZATRIPTAN? OR ZOLMITRIPTAN?
L19           35 S GR43175 OR GR()(43175 OR 43 175)
L20           38 S 311C90 OR SB209509 OR SB()(209509 OR 209 509)
L21         1360 S L17-L20

     FILE 'REGISTRY' ENTERED AT 11:34:55 ON 09 JUN 2003
L22            1 S ASPIRIN/CN
L23            1 S ACETAMINOPHEN/CN
L24            3 S (IBUPROFEN OR NAPROXEN OR INDOMETHACIN)/CN
L25            1 S CAFFEINE/CN
L26            2 S (CELECOXIB OR ROFECOXIB)/CN
L27          486 S 50-78-2/CRN
L28           14 S L27 AND 103-90-2/CRN
L29           45 S L27 AND 58-08-2/CRN
L30           10 S L28 AND L29
L31            1 S L30 AND 3/NC

     FILE 'HCAPLUS' ENTERED AT 11:38:57 ON 09 JUN 2003
L32        16185 S L22
L33        23421 S ASPIRIN? OR (ACETYLSALICYLIC OR ACETYL SALICYLIC)()ACID
L34         9985 S L23
L35         6040 S ACETAMINOPHEN?
L36        18467 S L24
L37        36116 S IBUPROFEN? OR NAPROXEN? OR INDOMETACIN? OR INDOMETHACIN?
L38          746 S L26
L39          663 S CELECOXIB OR REFECOXIB
L40            9 S L31
L41           22 S EXCEDRIN# OR FIORINAL# OR NEURANIDAL# OR THOMAPYRIN N
L42          516 S L32,L33 AND L34,L35 AND (L25 OR CAFFEINE)
               E MIGRAIN/CT
               E E4+ALL
L43         2390 S E1,E2
               E E4+ALL
L44         1151 S E3
L45         4208 S ?MIGRAIN?
               E HEADACHE/CT
L46         3310 S E3-E7
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Jan Delaval
Reference Librarian
Biotechnology & Chemical Library
CM1 1E07 – 703-308-4498
jan.delaval@uspto.gov

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                E E3+ALL
L47          3310 S E4
L48          6634 S HEADACHE
L49           698 S L21 AND L43-L48
L50           368 S L32-L42 AND L43-L48
L51          1003 S L49,L50
L52             3 S L51 AND (PRODROM? OR PRO DROM?)
L53             1 S L51 AND (PREEMPT? OR PRE EMPT?)
L54             3 S L52,L53
L55             2 S L21 AND (PRODROM? OR PRO DROM?)
L56             7 S L21 AND (PREEMPT? OR PRE EMPT?)
L57             6 S L55,L56 NOT L54
L58             7 S L32-L42 AND (PRODROM? OR PRO DROM?)
L59             2 S L58 AND ?MIGRAIN?
L60             5 S L58 NOT L59
L61             3 S L54,L59
L62            14 S L21 AND (COGNIT? OR REACTION TIME OR RUNNING(S)MEMOR?(S)PERFO
L63             0 S L21 AND STANIN?
L64            43 S L21 AND BASELINE
L65             1 S L64 AND L62
                E COMPUTER APPLICATION/CT
                E E3+ALL
L66             2 S L21 AND E2,E1+NT
L67            14 S L21 AND (E7+NT OR E9+NT OR E10+NT OR E11+NT OR E12+NT OR E14+
                E E19+ALL
L68            25 S L21 AND E2-E25
L69             0 S L21 AND (E28+NT OR E29+NT)
                E E28+ALL
L70            18 S L21 AND E2+NT
L71             9 S L21 AND E3+NT
L72             6 S L66-L71 AND L51
L73             1 S L61 AND L62-L72
L74             3 S L61,L73
                E CADY R/AU
L75            20 S E3,E5,E12,E14
                E GUTTERMAN D/AU
L76             4 S E7-E9
                E O QUINN S/AU
L77             6 S E3-E6
                E OQUINN S/AU
                E QUINN S/AU
L78             1 S E8
L79             5 S E20
                E QUINN O/AU
L80             9 S L21 AND L75-L79
L81             1 S L80 AND L32-L42
L82             9 S L80 AND L51
L83            11 S L74,L80-L82
L84             5 S L21 AND (PREMONIT? OR ANTICIPAT? OR PRESENTIMENT? OR FOREWARN
L85            11 S L83 AND L17-L21,L32-L84

=> fil hcaplus
FILE 'HCAPLUS' ENTERED AT 12:42:39 ON 09 JUN 2003
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2003 AMERICAN CHEMICAL SOCIETY (ACS)
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FILE COVERS 1907 - 9 Jun 2003 VOL 138 ISS 24
FILE LAST UPDATED: 8 Jun 2003 (20030608/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d l85 all hitstr tot

L85 ANSWER 1 OF 11 HCAPLUS COPYRIGHT 2003 ACS
AN 2003:194230 HCAPLUS
DN 138:362564
TI An open-label study to assess changes in efficacy and satisfaction with **migraine** care when patients have access to multiple **sumatriptan** succinate formulations
AU Weidmann, Eric; Unger, Jeffrey; Blair, Stephen; Friesen, Christopher; Hart, Carolyn; **Cady, Roger**
CS South Austin Medical Clinic, Austin, TX, USA
SO Clinical Therapeutics (2003), 25(1), 235-246
CODEN: CLTHDG; ISSN: 0149-2918
PB Excerpta Medica, Inc.
DT Journal
LA English
CC 1-11 (Pharmacology)
Section cross-reference(s): 63
AB Background: Because a patient's **migraines** often differ in duration, intensity, and accompanying symptoms, as well as the conditions and circumstances at the time of the **headache**, the mode for treatment also may change. Objective: The goal of this study was to det. whether **migraine** management is improved by providing 3 formulations of **sumatriptan** succinate to patients, together with education to assist them in selecting the most appropriate formulation for specific attacks. Methods: This was an open-label study conducted in 3 family practice settings. Patients were recruited who had at least a 1-yr history of **migraine** meeting International **Headache** Society criteria and experienced 2 to 6 attacks per mo within the previous 3 mo. Patients received instructions on oral, intranasal, and s.c. (SC) **sumatriptan** and were provided with all 3 formulations to treat 6 **headaches**. **Migraine** features, formulation used, reason for selecting specific formulation, **migraine** symptom relief, and use of follow-up doses were recorded in diaries. At follow-up, patients completed a questionnaire assessing satisfaction with access to multiple formulations. Results: Of the 33 enrolled patients (26 women, 7 men; mean age, 38.5 yr [range, 23-54 yr]), 25 (75.8%) completed all visits. Of 149 **headaches** treated, 39 (26.2%) were mild at onset, 70 (47.0%) were moderate, and 40 (26.8%) were severe. Eighty (53.7%) **headaches** were treated with tablets. 35 (23.5%) with nasal spray, and 34 (22.8%) with SC injection. Primary reasons for selecting specific formulations included "fewer side effects" for tablets, "convenience" for nasal spray, and "quick onset of action" for SC injection. Twenty-one (84.0%) patients reported being either very satisfied or satisfied with their ability to manage their **headaches**. Physicians reported that 18 of 24 (75.0%) patients had an improved attitude toward managing their **headaches**. All formulations were well tolerated. Eight (32.0%) patients reported adverse events, the 2 most common being chest pressure and fatigue. Conclusion: The patients in this study reported greater satisfaction with **migraine** management when given access to multiple **sumatriptan** formulations and education regarding their

appropriate use.
ST **antimigraine sumatriptan** succinate formulation **migraine headache**
IT **Antimigraine agents**
Human
(access to multiple **sumatriptan** succinate formulations and changes in efficacy and satisfaction in **migraine** patients)
IT Drug delivery systems
(injections, s.c.; access to multiple **sumatriptan** succinate formulations and changes in efficacy and satisfaction in **migraine** patients)
IT **Headache**
(**migraine**; access to multiple **sumatriptan** succinate formulations and changes in efficacy and satisfaction in **migraine** patients)
IT Drug delivery systems
(nasal sprays; access to multiple **sumatriptan** succinate formulations and changes in efficacy and satisfaction in **migraine** patients)
IT Drug delivery systems
(oral; access to multiple **sumatriptan** succinate formulations and changes in efficacy and satisfaction in **migraine** patients)
IT 103628-48-4, **Sumatriptan** succinate
RL: ADV (Adverse effect, including toxicity); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(access to multiple **sumatriptan** succinate formulations and changes in efficacy and satisfaction in **migraine** patients)
RE.CNT 14 THERE ARE 14 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE
(1) Anon; Headache in Clinical Practice 1998, P61
(2) Cutler, N; Neurology 1995, V45(Suppl 7), PS5
(3) Davis, K; Value Health 2002, V5, P422
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(5) Headache Classification Committee of the International Headache Society; Cephalalgia 1988, V8(Suppl 7), P1
(6) Kaniecki, R; Headache 2001, V41, P862 MEDLINE
(7) Lipton, R; Headache 1999, V39(Suppl 2), PS20
(8) Lipton, R; JAMA 2000, V284, P2599 MEDLINE
(9) Mulligan, M; Manag Health Care 1998, June, P37
(10) Pfaffenrath, V; Headache 1998, V38, P184 MEDLINE
(11) Ramadan, N; Am J Manag Care 1998, V4(Suppl), PS618
(12) Rapoport, A; Abstract presented at: 42nd Annual Scientific Meeting of the American Headache Society 2000
(13) Rapoport, A; Headache 2000, V40, P426
(14) Sargent, J; Neurology 1995, V45(Suppl 7), PS10

L85 ANSWER 2 OF 11 HCAPLUS COPYRIGHT 2003 ACS
AN 2002:522646 HCAPLUS
DN 137:83677
TI **Migraine** medicine and method of treating the same without caffeine
IN Imanzahrai, Ashkan
PA USA
SO U.S. Pat. Appl. Publ., 6 pp., Division of U.S. Ser. No. 593,238.
CODEN: USXXCO
DT Patent
LA English
IC ICM A61K031-137
ICS A61K031-16
NCL 514649000
CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 1

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 2002091162	A1	20020711	US 2002-37516	20020104
	US 2002099060	A1	20020725	US 2002-37517	20020104
PRAI	US 1999-144973P	P	19990722		
	US 2000-593238	A3	20000614		

AB This invention is a safe and effective compn. and method for treating acute **migraine** attacks using pseudoephedrine, **acetaminophen**, and other agents in an orally administrated form to alleviate the pain and cluster of symptoms characteristic of **migraine** attacks such as nausea, photophobia, phonophobia, and functional disabilities as well as the **prodrome** phase of a **migraine** attack.

ST oral pseudoephedrine **acetaminophen** acute **migraine**

IT Drug delivery systems
(caplets; solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

IT Drug delivery systems
(capsules; solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

IT **Antimigraine agents**
Human
(solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

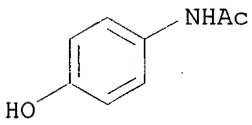
IT Drug delivery systems
(tablets; solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

IT 90-82-4, Pseudoephedrine **103-90-2, Acetaminophen**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

IT **103-90-2, Acetaminophen**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

RN 103-90-2 HCAPLUS

CN Acetamide, N-(4-hydroxyphenyl)- (9CI) (CA INDEX NAME)



L85 ANSWER 3 OF 11 HCAPLUS COPYRIGHT 2003 ACS

AN 2002:424934 HCAPLUS

DN 138:49340

TI The pharmacokinetics of **sumatriptan** when administered with clarithromycin in healthy volunteers

AU Moore, Katy H. P.; Leese, Philip T.; McNeal, Scott; Gray, Peter; **O'Quinn, Stephen**; Bye, Carole; Sale, Mark

CS GlaxoSmithKline, Research Triangle Park, NC, USA

SO Clinical Therapeutics (2002), 24(4), 583-594
CODEN: CLTHDG; ISSN: 0149-2918

PB Excerpta Medica, Inc.

DT Journal

LA English

CC 1-2 (Pharmacology)

AB Macrolide antibiotics such as clarithromycin are potent inhibitors of the cytochrome P 450 (CYP)3A4 isoenzyme and have the potential to attenuate the metab. and increase blood concns. of drugs metabolized by this pathway. In vitro studies have suggested that **sumatriptan** is metabolized primarily by the monoamine oxidase-A isoenzyme and not by CYP3A4. This study sought to det. the effect of co-administration of clarithromycin dosed to steady state on the pharmacokinetics of a single dose of **sumatriptan**. A secondary objective was to assess the safety and tolerability of combining these agents. This was an open-label, randomized, 2-way crossover study in healthy volunteers. During treatment period 1, subjects received either a single oral dose of **sumatriptan** 50 mg (**sumatriptan** alone) or clarithromycin 500 mg orally every 12 h on days 1 to 3 and a single oral dose of **sumatriptan** 50 mg plus a single oral dose of clarithromycin 500 mg on the morning of day 4 (combination treatment). During treatment period 2, they received the alternative regimen. Equivalence between **sumatriptan** alone and combination treatment was concluded if the 90% CI for the ratio of ref. to test means of loge-transformed data for area under the plasma concn.-time curve extrapolated to infinity (AUC.infin.) and max. plasma concn. (Cmax) fell within the interval from 0.8 to 1.25. In the 24 evaluable subjects (12 men, 12 women) included in the pharmacokinetic anal., mean **sumatriptan** AUC.infin. and Cmax values after administration of combination treatment were 9% and 14% higher, resp., than the corresponding values after administration of **sumatriptan** alone. The 90% CI for the ratio of ref. to test means for AUC.infin. was 1.03 to 1.15. The 90% CI for the ratio of ref. to test means for Cmax was 1.03 to 1.26, above the traditional bioequivalence criterion. All other pharmacokinetic parameters tested, including nonparametric anal. of the time to Cmax, met the criterion for equivalence between treatments. Both treatments were well tolerated in the 27 subjects (13 men, 14 women) included in the safety anal. Thus, the extent of absorption of **sumatriptan** was similar after oral administration alone and in combination with clarithromycin dosed to steady state. These data are consistent with previous reports that **sumatriptan** is unaffected by co-administration with the potent CYP3A4 inhibitor clarithromycin, supporting concomitant administration of these agents without the need for dose adjustment of **sumatriptan** in the acute treatment of **migraine.**

ST pharmacokinetics **sumatriptan** clarithromycin combined therapy

IT 5-HT antagonists
(5-HT1B/1D; pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT Macrolides
RL: PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(antibiotics; pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT Antibiotics
(macrolide; pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT **Antimigraine agents**
Blood plasma
Human
(pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT 329736-03-0, Cytochrome P 450 3A4
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(lack of involvement in **sumatriptan** pharmacokinetics; pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT 81103-11-9, Clarithromycin **103628-46-2, Sumatriptan**
RL: PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

RE.CNT 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

(1) Amsden, G; Ann Pharmacother 1995, V29, P906 HCAPLUS
(2) Anon; Relpax [package insert] 2001
(3) Chu, S; J Clin Pharmacol 1993, V33, P719 HCAPLUS
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(6) Dixon, C; Biochem Pharmacol 1994, V47, P1253 HCAPLUS
(7) Duquesnoy, C; Eur J Pharm Sci 1998, V6, P99 HCAPLUS
(8) Fowler, P; Eur Neurol 1991, V31, P291 MEDLINE
(9) Fraschini, F; Clin Pharmacokinet 1993, V25, P189 HCAPLUS
(10) Gijsman, H; Cephalalgia 1997, V17, P647 MEDLINE
(11) Havanka, H; Clin Ther 2000, V22, P970 HCAPLUS
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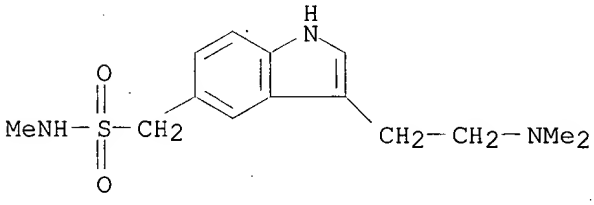
(14) Lacey, L; Eur J Clin Pharmacol 1995, V47, P543 HCAPLUS
(15) Perry, C; Drugs 1998, V55, P889 HCAPLUS
(16) Polli, J; Program and abstracts of Headache World 2000 2000
(17) Rapoport, A; Neurology 1997, V49, P1210 HCAPLUS
(18) Sadra, P; Presented at the 13th International Bioanalytical Forum 1999
(19) Scott, A; Clin Pharmacokinet 1994, V27, P337 HCAPLUS
(20) The Oral Sumatriptan Dose-Defining Study Group; Eur Neurol 1991, V31, P300
(21) Wacher, V; Mol Carcinog 1995, V13, P129 HCAPLUS
(22) Watkins, V; Ann Pharmacother 1997, V31, P349 HCAPLUS
(23) Williams, P; Cephalalgia 1997, V17, P408
(24) Yeates, R; Int J Clin Pharmacol Ther 1997, V35, P577 HCAPLUS
(25) Zhang, Y; Drug Metab Dispos 1998, V26, P360 HCAPLUS

IT **103628-46-2, Sumatriptan**
RL: PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

RN 103628-46-2 HCAPLUS

CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) (CA INDEX NAME)



L85 ANSWER 4 OF 11 HCAPLUS COPYRIGHT 2003 ACS

AN 2001:434850 HCAPLUS

DN 135:37196

TI Formulations of 5-HT1 agonists and COX-2 inhibitors

IN **Gutterman, Donna**; Salonen, Reijo Juhani

PA Glaxo Group Limited, UK

SO PCT Int. Appl., 11 pp.
CODEN: PIXXD2

DT Patent

LA English

IC ICM A61K031-00

CC 63-6 (Pharmaceuticals)

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2001041749	A2	20010614	WO 2000-GB4532	20001128
	WO 2001041749	A3	20020321		
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	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	EP 1235576	A2	20020904	EP 2000-979767	20001128
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
	JP 2003516349	T2	20030513	JP 2001-543094	20001128
	US 2003018031	A1	20030123	US 2002-227990	20020826
PRAI	GB 1999-29039	A	19991208		
	US 2000-723828	B1	20001128		
	WO 2000-GB4532	W	20001128		

AB A method of treating conditions assocd. with cephalic pain (e..g, **migraine**, cluster **headache**) and alleviating the symptoms comprises administering to a mammal a 5HT1 agonist such as **sumatriptan** or a physiol. acceptable salt or a solvate and a COX-2 inhibitor, 2-(4-ethoxyphenyl)-3-((4-methanesulfonyl)phenyl)pyrazolo[1,5-b]pyridazine or a salt or a solvate. A proposed dose of 5HT1 agonist for administration to humans (of approx. 70 kg body wt.) is 0.001-500 mg/unit dose which may be administered 1-4 times/day.

ST COX2 inhibitor 5HT1 agonist formulation; **sumatriptan** pyrazolopyridazine formulation

IT 5-HT agonists
Antimigraine agents
(formulations of 5-HT1 agonists and COX-2 inhibitors)

IT Drug delivery systems
(oral; formulations of 5-HT1 agonists and COX-2 inhibitors)

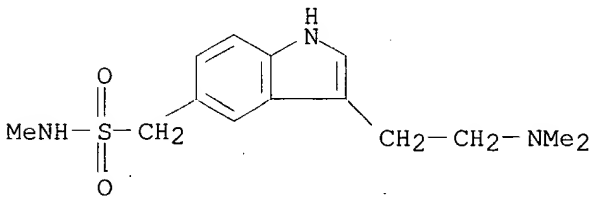
IT **103628-46-2, Sumatriptan** 221148-46-5
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(formulations of 5-HT1 agonists and COX-2 inhibitors)

IT 329900-75-6, Cyclooxygenase-2
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; formulations of 5-HT1 agonists and COX-2 inhibitors)

IT **103628-46-2, Sumatriptan**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(formulations of 5-HT1 agonists and COX-2 inhibitors)

RN 103628-46-2 HCAPLUS

CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) (CA INDEX NAME)



L85 ANSWER 5 OF 11 HCAPLUS COPYRIGHT 2003 ACS

AN 2001:287336 HCAPLUS

DN 135:215886

TI Effect of encapsulation on absorption of **sumatriptan** tablets: data from healthy volunteers and patients during a **migraine**

AU Fuseau, Eliane; Petricoul, Olivier; Sabin, Antony; Pereira, Adrian; **O'Quinn, Stephen**; Thein, Stephen; Leibowitz, Mark; Purdon, Helen; McNeal, Scott; Salonen, Reijo; Metz, Alan; Coates, Peter
CS EMF Consulting France, Siret, Fr.

SO Clinical Therapeutics (2001), 23(2), 242-251
CODEN: CLTHDG; ISSN: 0149-2918
PB Excerpta Medica, Inc.
DT Journal
LA English
CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 1

AB Background: Some comparative trials of selective serotonin 1B/1D-agonists in **migraine** have reported .apprx.15% lower efficacy for **sumatriptan** tablets than that reported in placebo-controlled trials. Objective: This study was designed to test the hypothesis that the encapsulation methods used to mask active drug may delay absorption of **sumatriptan** from dosing to 2 h after dosing (the traditional end point in clin. trials of **migraine** treatment), and effect that may be enhanced by **migraine**-assocd. gastric stasis. Methods: Two randomized, open-label, 2-way crossover trials were conducted to evaluate the absorption and bioequivalence of conventional 50-mg **sumatriptan** tablets and encapsulated 50-mg **sumatriptan** tablets in supine, fasted, healthy volunteers (Glaxo Well-come protocol SUM40270) and supine patients experiencing a **migraine** (Glaxo Wellcome protocol SUM40268). Absorption was assessed by calcg. the area under the plasma concn.-time curve from dosing to 2 h after dosing (AUC2) and the times to first measurable plasma concn., 10 ng/mL, 20 ng/mL, and max. plasma concn. Data for the AUC from time zero to infinity and max. plasma concn. were used to assess std. bioequivalence, which is considered to occur when the 90% CIs for the geometric mean treatment ratios (test/ref.) fall between 0.8 and 1.25. Results: Study 1 included 26 healthy subjects (73% men, 27% women; mean age, 39.1 yr), and study 2 included 30 patients with **migraine** (67% women, 33% men; mean age, 42.7 yr). **Sumatriptan** absorption was delayed with the encapsulated tablet compared with the conventional tablet 0 to 2 h after dosing, particularly during a **migraine**. AUC2 values with encapsulated **sumatriptan** compared with the conventional tablet were 21% lower in healthy volunteers (ratio of capsule/tablet, 0.79; 90% CI, 0.588-1.050) and 27% lower in patients experiencing a **migraine** (ratio of capsule/tablet, 0.73; 90% CI, 0.519-1.023). Std. bioequivalence was demonstrated in both healthy volunteers and patients experiencing a **migraine**. Conclusions: Encapsulation delayed absorption of **sumatriptan** 0 to 2 h after dosing, particularly during a **migraine**. This delay in absorption of the encapsulated form may account for the lower efficacy of **sumatriptan** in some comparative studies.

ST **sumatriptan** encapsulation absorption **migraine**
IT Drug delivery systems
(capsules; effect of encapsulation on absorption of **sumatriptan** tablets in humans with **migraine**)
IT **Antimigraine agents**
Drug bioequivalence
(effect of encapsulation on absorption of **sumatriptan** tablets in humans with **migraine**)
IT **103628-46-2, Sumatriptan**
RL: BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(effect of encapsulation on absorption of **sumatriptan** tablets in humans with **migraine**)
RE.CNT 16 THERE ARE 16 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE
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(3) Geraud, G; Cephalalgia 2000, V20, P30 MEDLINE
(4) Goadsby, P; Neurology 2000, V54, P156 HCAPLUS
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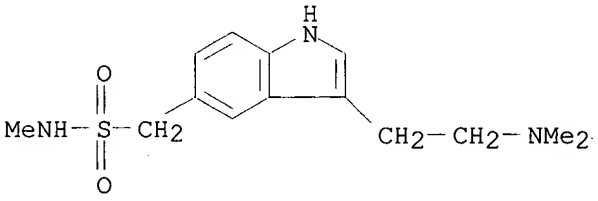
(15) US Department of Health and Human Services, Center for Drug Evaluation and Research; http://www.fda.gov/cder/guidance/index.htm 2000
(16) Visser, W; Arch Neurol 1996, V53, P1132 MEDLINE

IT **103628-46-2, Sumatriptan**
RL: BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(effect of encapsulation on absorption of **sumatriptan** tablets in humans with **migraine**)
RN 103628-46-2 HCAPLUS
CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) (CA INDEX NAME)



L85 ANSWER 6 OF 11 HCAPLUS COPYRIGHT 2003 ACS
AN 2000:790303 HCAPLUS
DN 133:329615
TI Device and method using a 5-HT1 agonist for prophylaxis of **migraine**
IN **Cady, Roger K.; Gutterman, Donna Lee; O'Quinn, Stephen Venson**
PA Glaxo Group Limited, UK
SO PCT Int. Appl., 32 pp.
CODEN: PIXXD2
DT Patent
LA English
IC ICM A61K031-40
ICS A61P025-06
CC 1-11 (Pharmacology)
Section cross-reference(s): 63
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2000066115	A1	20001109	WO 1999-US9414	19990429

W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ,

DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS,
JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK,
MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ,
TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ,
MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK,
ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG,
CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

AU 9937745 A1 20001117 AU 1999-37745 19990429
PRAI US 1998-185310 A2 19981103
WO 1999-US9414 A 19990429

AB The invention provides a method of preventing the **headache** phase of **migraine** in a human comprising administration of a 5HT1 agonist to said human exhibiting **prodrome** symptoms of **migraine**. Suitably, the method comprises administration of **migraine headache** phase-preventing effective amt. of the 5HT1 agonist. There is disclosed a **preemptive** prophylaxis **migraine** method using the following **cognitive** tests: Simple **Reaction Time; Running Memory** Continuous **Performance** Task; **Matching** to **Sample; Math. Processing** Task; and interprets the results as a percent of **baseline** indicator of need for prophylaxis. A **preemptive** prophylaxis **migraine** device including a microprocessor having a **memory**, a battery of tests loaded into the **memory** of the microprocessor and including a Simple **Reaction Time**, a **Running Memory** Continuous **Performance** Task, a **Matching** to **Sample**, and a **Math. Processing** Task; means for computing the score on a trial of these tests to establish a **baseline** and for storing the **baseline** in the **memory**; the means for computing being operative for computing the score of a subsequent trial of the tests and comparing the same to the stored **baseline**; and means for indicating a **cognitive** change.

ST serotoninergic S1 agonist **migraine headache** prophylaxis; app **migraine headache** prophylaxis

IT **Antimigraine agents**
Cognition
Computer application
Drug delivery systems
(5-HT1 agonist and device for prophylaxis of **migraine**)

IT 5-HT agonists
(5-HT1; 5-HT1 agonist and device for prophylaxis of **migraine**)

IT **Headache**
(**headache** phase of **migraine**; 5-HT1 agonist and device for prophylaxis of **migraine**)

IT **103628-46-2, Sumatriptan 121679-13-8, Naratriptan 139264-17-8, Zolmitriptan 143322-58-1, Eletriptan 144034-80-0, Rizatriptan 154323-57-6, Almotriptan 158747-02-5, Frovatriptan**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(5-HT1 agonist and device for prophylaxis of **migraine**)

RE.CNT 10 THERE ARE 10 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE
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(5) Glaxo Group Ltd; EP 0490689 A 1992 HCAPLUS
(6) Glaxo Group Ltd; EP 0503440 A 1992 HCAPLUS

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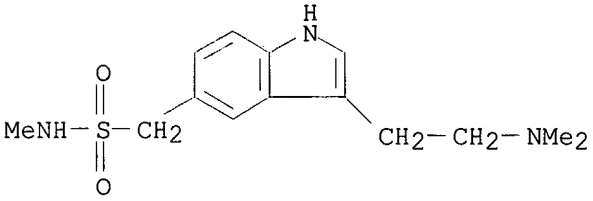
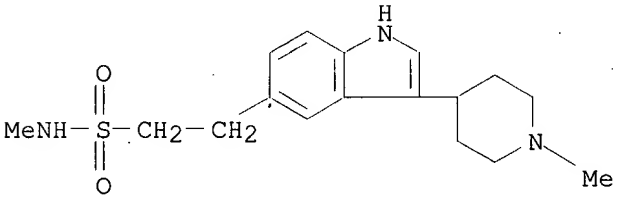
(8) Merck Sharp & Dohme; EP 0497512 A 1992 HCAPLUS
(9) Newman, L; NEUROLOGY 1998, V51(1), P307 HCAPLUS
(10) Oxford, A; US 5037845 A 1991 HCAPLUS

IT **103628-46-2, Sumatriptan 121679-13-8, Naratriptan 139264-17-8, Zolmitriptan 143322-58-1, Eletriptan 144034-80-0, Rizatriptan 154323-57-6, Almotriptan 158747-02-5, Frovatriptan**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(5-HT1 agonist and device for prophylaxis of **migraine**)

RN 103628-46-2 HCAPLUS
CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) (CA INDEX NAME)

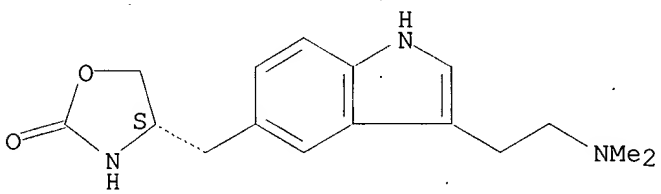


RN 121679-13-8 HCAPLUS
CN 1H-Indole-5-ethanesulfonamide, N-methyl-3-(1-methyl-4-piperidinyl)- (9CI) (CA INDEX NAME)



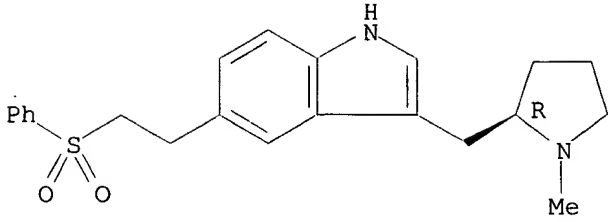
RN 139264-17-8 HCAPLUS
CN 2-Oxazolidinone, 4-[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]-, (4S)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.

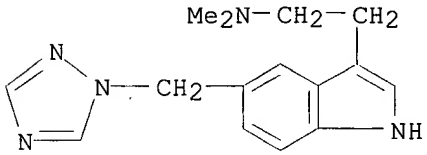


RN 143322-58-1 HCAPLUS
CN 1H-Indole, 3-[[(2R)-1-methyl-2-pyrrolidinyl]methyl]-5-[2-(phenylsulfonyl)ethyl]- (9CI) (CA INDEX NAME)

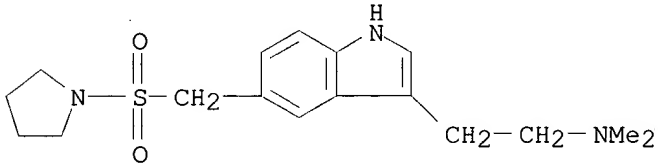
Absolute stereochemistry. Rotation (+).



RN 144034-80-0 HCAPLUS
CN 1H-Indole-3-ethanamine, N,N-dimethyl-5-(1H-1,2,4-triazol-1-ylmethyl)- (9CI) (CA INDEX NAME)

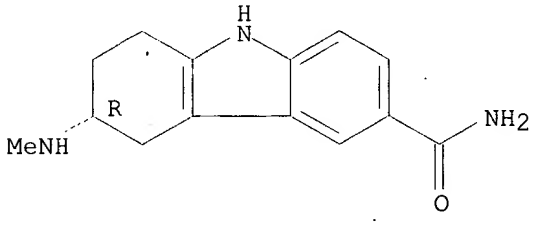


RN 154323-57-6 HCAPLUS
CN Pyrrolidine, 1-[[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]sulfonyl]- (9CI) (CA INDEX NAME)



RN 158747-02-5 HCAPLUS
CN 1H-Carbazole-6-carboxamide, 2,3,4,9-tetrahydro-3-(methylamino)-, (3R)- (9CI) (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).



L85 ANSWER 7 OF 11 HCAPLUS COPYRIGHT 2003 ACS
AN 2000:773296 HCAPLUS
DN 134:361238
TI Effect of early intervention with **sumatriptan** on **migraine** pain: Retrospective analyses of data from three clinical trials
AU **Cady, Roger K.**; Sheftell, Fred; Lipton, Richard B.; **O'Quinn, Stephen**; Jones, Martin; Putnam, D. Gayla; Crisp, Adam; Metz, Alan; McNeal, Scott

CS Headache Care Center, Springfield, MO, USA
SO Clinical Therapeutics (2000), 22(9), 1035-1048
CODEN: CLTHDG; ISSN: 0149-2918
PB Excerpta Medica, Inc.
DT Journal
LA English
CC 1-11 (Pharmacology)
AB This study assessed the efficacy of **sumatriptan** 50- and 100-mg tablets in the treatment of **migraine** attacks while the pain is mild rather than moderate/severe. Results from The Spectrum Study suggested that early treatment of **migraine** attacks with **sumatriptan** 50-mg tablets while the pain is mild might enhance pain-free response and reduce **headache** recurrence. Retrospective analyses of **headaches** treated during mild pain were performed using data from 3 studies of **sumatriptan** tablets (protocols S2CM09, S2BT25, and S2BT26). Our primary interest was pain-free response 2 and 4 h after dosing; secondary interests were use of a second dose of medication, clin. disability (as measured on a 4-point disability scale), **migraine**-assocd. symptoms, meaningful pain relief (patient defined), time to meaningful relief, sustained pain-free response, and proportion of attacks in which pain had worsened 2 and 4 h after dosing, all of which were compared in **headaches** treated during mild vs. moderate/severe pain. In S2CM09, 92 patients treated 118 **headaches** during mild pain. Rates of pain-free response were higher 2 h after dosing with **sumatriptan** 50 mg (51%) or 100 mg (67%; $P < 0.05$) compared with placebo (28%), and were higher with early treatment of mild pain compared with treatment of moderate/severe pain at 2 h (**sumatriptan** 50. mg: mild pain, 51%; moderate/severe pain, 31%; $P < 0.05$; **sumatriptan** 100 mg: mild pain, 67%; moderate/severe pain, 36%) and 4 h (50 mg: 75% vs. 56%; 100 mg: 90% vs. 61%; $P < 0.05$). Early intervention also resulted in less redosing than when moderate/severe pain was treated (50 mg: 21% vs. 32%; 100 mg: 20% vs. 29%). More attacks treated early with **sumatriptan** 50 or 100 mg were assocd. with normal function 4 h after dosing compared with placebo (70% and 93% vs. 46%, resp.). Sustained pain-free response rates 2 to 24 h after early dosing with **sumatriptan** 50 or 100 mg were also higher (34% and 53%, resp.) compared with treatment of moderate/severe pain (19% and 24%, resp.). Early treatment with **sumatriptan** 100 mg produced significantly higher pain-free rates at 2 h after dosing ($P < 0.001$) than did ergotamine plus caffeine (S2BT25: 69% vs. 34%, resp.) or **aspirin** plus metoclopramide (S2BT26: 73% vs. 25%, resp.). **Sumatriptan** 50- and 100- mg tablets are effective whether pain is mild or moderate/severe. However, treatment with **sumatriptan** while pain is mild provides high pain-free response rates while reducing the need for redosing, benefits not seen with ergotamine plus caffeine or **aspirin** plus metoclopramide.
ST **sumatriptan migraine** pain
IT **Antimigraine agents**
(effect of early intervention with **sumatriptan** on **migraine** pain)
IT **Headache**
(**migraine**; effect of early intervention with **sumatriptan** on **migraine** pain)
IT **103628-46-2, Sumatriptan**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(effect of early intervention with **sumatriptan** on **migraine** pain)
RE.CNT 17 THERE ARE 17 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE
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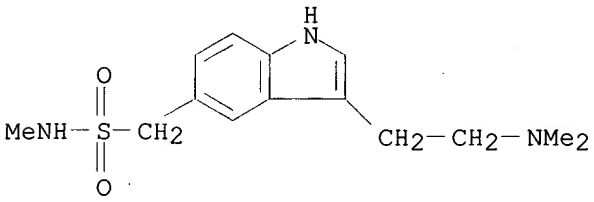
IT **103628-46-2, Sumatriptan**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(effect of early intervention with **sumatriptan** on **migraine** pain)

RN 103628-46-2 HCAPLUS

CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) (CA INDEX NAME)



L85 ANSWER 8 OF 11 HCAPLUS COPYRIGHT 2003 ACS

AN 2000:598217 HCAPLUS

DN 134:51287

TI Effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**: results of a randomized, double-blind, placebo-controlled clinical trial

AU Schulman, Elliot A.; **Cady, Roger K.**; Henry, Dan; Batenhorst, Alice S.; Putnam, D. Gayla; Watson, Carolyn B.; **O'Quinn, Stephen O.**

CS Center for Headache Management, Springfield, PA, USA

SO Mayo Clinic Proceedings (2000), 75(8), 782-789
CODEN: MACPAJ; ISSN: 0025-6196

PB Dowden Health Media, Inc.

DT Journal

LA English

CC 1-11 (Pharmacology)

AB Objective: To det. the effect of **sumatriptan** on **migraine** -related workplace productivity loss. Patients and Methods: In this randomized, double-blind, placebo-controlled, parallel-group trial, adult **migraineurs** self-injected 6 mg of **sumatriptan** or matching placebo to treat a moderate or severe **migraine** within the first 4 h of a min. of an 8-h work shift. Outcome measures included productivity loss and no. of patients returning to normal work performance 2 h after injection and across the work shift, time to return to normal

work performance, and time to **headache** relief. Results: A total of 206 patients underwent screening, 140 (safety population) of whom returned for clinic treatment. Of these 140 patients, 119 received **migraine** treatment in the workplace (intent-to-treat population), 116 of whom comprised the study population. Of these 116 patients, 76 self-administered **sumatriptan**, and 40 self-administered placebo. **Sumatriptan** treatment tended to reduce median productivity loss 2 h after injection compared with placebo (25.2 vs. 29.9 min, resp.; P=.14). Significant redns. in productivity loss were obtained across the work shift after **sumatriptan** treatment compared with placebo (36.8 vs. 72.6 min, resp.; P=.001). Significantly more **sumatriptan** -treated patients vs. placebo-treated patients experienced shorter return to normal work performance at 2 h (53/76 [70%] vs. 12/40 [30%], resp.) and across the work shift (64/76 [84%] vs. 23/40 [58%], resp.; P<.001). Significantly more **sumatriptan**-treated patients experienced **headache** relief 1 h after injection compared with placebo-treated patients (48/76 [63%] vs. 13/40 [33%], resp.; P=.004).

ST **sumatriptan** productivity loss **migraine** **headache**

IT **Antimigraine agents**
(effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**, a clin. trial)

IT Mental activity
(performance; effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**, a clin. trial)

IT **103628-46-2, Sumatriptan**
RL: ADV (Adverse effect, including toxicity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**, a clin. trial)

RE.CNT 29 THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

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Employment Data 1996
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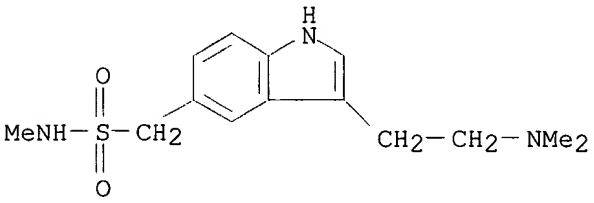
IT **103628-46-2, Sumatriptan**
RL: ADV (Adverse effect, including toxicity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**, a clin. trial)
RN 103628-46-2 HCAPLUS
CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) (CA INDEX NAME)

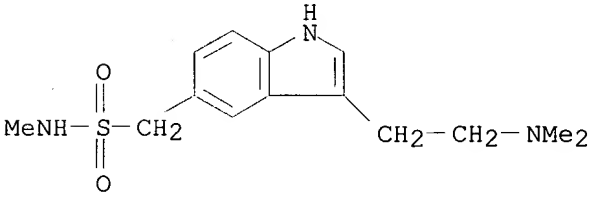


L85 ANSWER 9 OF 11 HCAPLUS COPYRIGHT 2003 ACS
AN 1999:771908 HCAPLUS
DN 133:12631
TI Pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**: a prospective study
AU **O'Quinn, S.**; Ephross, Sara A.; Williams, Vanessa; Davis, R. L.; **Gutterman, Donna L.**; Fox, A. W.
CS Clinical Research, Glaxo Wellcome Research Institute, Research Triangle Park, NC, 27709, USA
SO Archives of Gynecology and Obstetrics (1999), 263(1/2), 7-12
CODEN: AGOBEJ; ISSN: 0932-0067
PB Springer-Verlag
DT Journal
LA English
CC 1-11 (Pharmacology)
AB Perinatal pregnancy outcomes were compared in women who did and did not use **sumatriptan** after conception. An open-label, prospective study was conducted in 12,339 **migraineurs** (including 9861 women) whose demog. and consumption pattern of **sumatriptan** injections were typical, and were predicted to include 150 pregnancies. Perinatal and pregnancy outcome did not differ between patients who had and had not used **sumatriptan** after conception, at the resoln. of these sample sizes. This study design complements the ongoing pregnancy registry, which is now widened to patients exposed to all formulations of **sumatriptan**.
ST **sumatriptan migraine** pregnancy
IT **Headache**
(**migraine**; pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**)
IT **Antimigraine agents**
Pregnancy
Teratogens
(pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**)
IT **103628-46-2, Sumatriptan**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
(pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**)
RE.CNT 21 THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE
(1) Andrews, E; Obstet Gynecol 1992, V79, P7 MEDLINE
(2) Brown, E; Eur Neurol 1991, V31, P339 MEDLINE
(3) Cady, R; JAMA 1991, V265, P2831 MEDLINE
(4) Dechant, K; Drugs 1992, V43, P776 HCAPLUS
(5) Degroot, A; Eur J Obstet Gynecol Reprod Biol 1993, V51, P73 MEDLINE
(6) Fowler, P; Eur Neurol 1991, V31, P291 MEDLINE
(7) Fox, A; Headache 1998, V38, P436 MEDLINE
(8) Lachin, J; Control Clin Trials 1981, V2, P93 MEDLINE
(9) Lipton, R; Pharmacoeconomics 1994, V6, P215 MEDLINE
(10) Luciani, R; J Fam Pract 1995, V41, P147 MEDLINE
(11) McCarthy, B; Headache 1989, V29, P420 MEDLINE
(12) Peroutka, S; Eur J Pharmacol 1989, V163, P133 HCAPLUS
(13) Schoeffter, P; Naunyn Schmiedebergs Arch Pharmacol 1989, V340, P135 HCAPLUS
(14) Shuhaiber, S; Neurology 1998, V51, P581 MEDLINE
(15) Solbach, P; Obstet Gynecol 1993, V82, P769
(16) Stang, P; Headache 1993, V33, P29 MEDLINE
(17) Stang, P; Neurology 1992, V42, P1657 MEDLINE
(18) Stewart, W; Am J Epidemiol 1991, V134, P1111 MEDLINE
(19) Subcutaneous Sumatriptan Study Group; N Engl J Med 1991, V325, P316
(20) Sumatriptan Auto-Injector Study Group; Eur Neurol 1991, V31, P316
(21) Thompson, J; J R Soc Med 1989, V82, P151 MEDLINE

IT **103628-46-2, Sumatriptan**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
(pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**)

RN 103628-46-2 HCAPLUS
CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) (CA INDEX NAME)



L85 ANSWER 10 OF 11 HCAPLUS COPYRIGHT 2003 ACS
AN 1999:81572 HCAPLUS
DN 130:144184
TI Use of compositions containing the combination of **acetaminophen**, **aspirin** and **caffeine** to alleviate the pain and symptoms of **migraine**
IN Armellino, Joseph J.; Koslo, Randy J.
PA Bristol-Myers Squibb Company, USA
SO PCT Int. Appl., 43 pp.
CODEN: PIXXD2
DT Patent
LA English
IC ICM A61K031-60
CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 1

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9903475	A1	19990128	WO 1998-US13328	19980625

W: AL, AU, BA, BB, BG, BR, BY, CA, CN, CU, CZ, EE, GE, GW, HU, ID, IL, IS, JP, KP, KR, LC, LK, LR, LT, LV, MG, MK, MN, MX, NO, NZ, PL, RO, RU, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UZ, VN, YU, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG

US 5972916 A 19991026 US 1998-21284 19980210
AU 9881705 A1 19990210 AU 1998-81705 19980625
EP 994714 A1 20000426 EP 1998-931635 19980625
EP 994714 B1 20030514
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI
ZA 9806219 A 20000113 ZA 1998-6219 19980713
PRAI US 1997-52426P P 19970714
US 1998-21284 A 19980210
WO 1998-US13328 W 19980625

AB The invention provides a safe and economical nonprescription combination of **acetaminophen**, **aspirin** and **caffeine** (APAP/ASA/CAF) for use in treating **migraine** pain and the cluster of symptoms characteristic of **migraine** attack, such as nausea, photophobia, phonophobia and functional disabilities. In accordance with the present invention, the use of the APAP/ASA/CAF combination is also effective in aborting the **prodrome** phase of a **migraine** attack, prior to the onset of the **migraine**-assocd. symptoms, aborting the symptoms of **migraine** attack prior to the onset of severe, throbbing **migraine** pain, and aborting **migraine** pain after a **migraine** has fully developed. In accordance with the present invention, the efficacy of the APAP/ASA/CAF combination treatment in reducing and eliminating **migraine** pain is at a parity with the efficacy of **sumatriptan**, a known, but dissimilar, anti-**migraine** agent, used at similar dosing regimens. Use of the APAP/ASA/CAF combination compn. treatment at the unit dose also advantageously reduces/obviates the need of the **migraine** sufferer to re-dose or re-medicate at the end of the dosing period in accordance with the present invention.

ST **antimigraine** formulation **acetaminophen aspirin caffeine**

IT Drug delivery systems
(capsules; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT **Antimigraine agents**
(combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Nausea
(inhibition of; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Drug delivery systems
(oral; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Mental disorder
(phobia, phono-, inhibition of; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Drug delivery systems
(suppositories; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Drug delivery systems

(tablets; combination of **acetaminophen, aspirin,** and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT **50-78-2, Aspirin 58-08-2, Caffeine,** biological studies **103-90-2, Acetaminophen**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); PEP (Physical, engineering or chemical process); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(combination of **acetaminophen, aspirin,** and **caffeine** to alleviate the pain and symptoms of **migraine**)

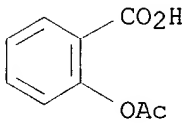
RE.CNT 16 THERE ARE 16 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

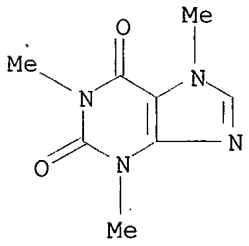
(1) Diener; Arzneimittel Therapie 1988, V6, P156
(2) Dirk, K; DE 19502789 A 1996 HCAPLUS
(3) Egyt Gyogyszervegyeszeti Gyar; WO 9507082 A 1995 HCAPLUS
(4) Fozard, J; US 4585866 A 1986 HCAPLUS
(5) Haag; Deutsche Apotheker Zeitung 1998, V138(4), P43
(6) Johnson, E; US 4758433 A 1988 HCAPLUS
(7) Kursk Pharm Cpds Stock Co; RU 2101014 A 1998 HCAPLUS
(8) Kursk Pharm Cpds Stock Co; RU 2101014 A 1998 HCAPLUS
(9) Lion Corp; JP 55047618 A 1980 HCAPLUS
(10) Lion Corp; JP 55047618 A 1980 HCAPLUS
(11) Lion Dentifrice Co Ltd; JP 55047618 A 1980 HCAPLUS
(12) Migliardi; Clinical Pharmacology and Therapeutics 1994, V56(5), P576 MEDLINE
(13) Oktyabr Chem Pharm Stock Co; RU 2034533 A HCAPLUS
(14) Oktyabr Chem Pharm Stock Co; RU 2034533 A 1995 HCAPLUS
(15) Pavel And Baluch; 1994, 8, HCAPLUS
(16) Slovakia; CS 277525 A 1993 HCAPLUS

IT **50-78-2, Aspirin 58-08-2, Caffeine,** biological studies **103-90-2, Acetaminophen**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); PEP (Physical, engineering or chemical process); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(combination of **acetaminophen, aspirin,** and **caffeine** to alleviate the pain and symptoms of **migraine**)

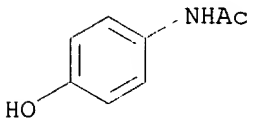
RN 50-78-2 HCAPLUS
CN Benzoic acid, 2-(acetyloxy)- (9CI) (CA INDEX NAME)



RN 58-08-2 HCAPLUS
CN 1H-Purine-2,6-dione, 3,7-dihydro-1,3,7-trimethyl- (9CI) (CA INDEX NAME)

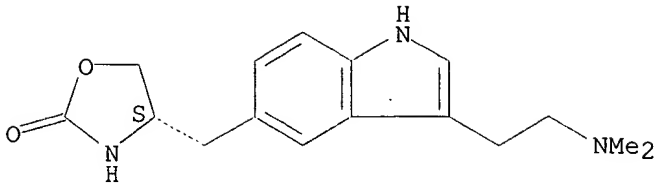


RN 103-90-2 HCAPLUS
CN Acetamide, N-(4-hydroxyphenyl)- (9CI) (CA INDEX NAME)



L85 ANSWER 11 OF 11 HCAPLUS COPYRIGHT 2003 ACS
AN 1997:778609 HCAPLUS
DN 128:84344
TI Clinical efficacy and tolerability of 2.5 mg **zolmitriptan** for the acute treatment of **migraine**
AU Solomon, G. D.; **Cady, R. K.**; Klapper, J. A.; Earl, N. L.; Saper, J. R.; Ramadan, N. M.
CS Cleveland Clinic Foundation, Cleveland, OH, USA
SO Neurology (1997), 49(5), 1219-1225
CODEN: NEURAI; ISSN: 0028-3878
PB Lippincott-Raven Publishers
DT Journal
LA English
CC 1-11 (Pharmacology)
AB Female and male patients, 12-65 yr old, with **migraine** (with or without aura) for .gtoreq.1 yr, 1-6 **migraines** per mo, and age at onset < 50 yr were included; 327 patients were screened and randomized to receive either **zolmitriptan** or placebo. Patients treated a single moderate or severe **migraine headache** with 2.5 mg **zolmitriptan** or placebo and recorded clin. efficacy and adverse events on a diary form. **Headache** response after 2 h was 62% for **zolmitriptan** compared with 36% for placebo; after 4 h, **headache** response was 70% and 37%, resp. **Headache** recurrence in patients treated with 2.5 mg **zolmitriptan** was 22% (vs. placebo 30%). The **headache** response after 4 h, pain-free rate, and response rate of nonheadache symptoms favored **zolmitriptan** over placebo. No serious adverse events were assocd. with **zolmitriptan** treatment. A 2.5-mg dose of **zolmitriptan** is clin. effective and well tolerated for the acute treatment of **migraine**.
ST **zolmitriptan migraine**
IT **Headache**
(**migraine**; **zolmitriptan** treatment of acute)
IT **139264-17-8, Zolmitriptan**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**migraine** of humans treatment by)
IT **139264-17-8, Zolmitriptan**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**migraine** of humans treatment by)
RN 139264-17-8 HCAPLUS
CN 2-Oxazolidinone, 4-[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]-, (4S)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



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E1 THROUGH E10 ASSIGNED

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USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

Property values tagged with IC are from the ZIC/VINITI data file
provided by InfoChem.

STRUCTURE FILE UPDATES: 6 JUN 2003 HIGHEST RN 526915-11-7
DICTIONARY FILE UPDATES: 6 JUN 2003 HIGHEST RN 526915-11-7

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 6, 2003

Please note that search-term pricing does apply when
conducting SmartSELECT searches.

Crossover limits have been increased. See HELP CROSSOVER for details.

Experimental and calculated property data are now available. See HELP
PROPERTIES for more information. See STNote 27, Searching Properties
in the CAS Registry File, for complete details:
http://www.cas.org/ONLINE/STN/STNOTES/stnotes27.pdf

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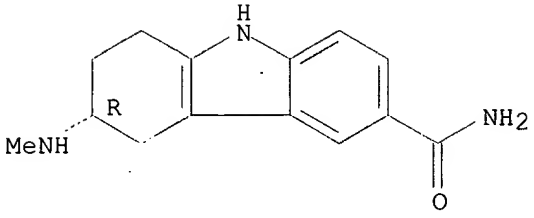
L87 ANSWER 1 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **158747-02-5** REGISTRY
CN 1H-Carbazole-6-carboxamide, 2,3,4,9-tetrahydro-3-(methylamino)-, (3R)-
(9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1H-Carbazole-6-carboxamide, 2,3,4,9-tetrahydro-3-(methylamino)-, (R)-
OTHER NAMES:
CN **Frovatriptan**
CN SB 209509
FS STEREOSEARCH
MF **C14 H17 N3 O**
CI COM
SR CA
LC STN Files: ADISNEWS, BIOSIS, BIOTECHNO, CA, CAPLUS, CBNB, CEN, CIN,
DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, PHAR,
PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL

Absolute stereochemistry. Rotation (+).



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REFERENCE 2: 138:248536

REFERENCE 3: 138:95633

REFERENCE 4: 138:49321

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REFERENCE 6: 137:389179

REFERENCE 7: 137:389177

REFERENCE 8: 137:379454

REFERENCE 9: 137:345466

REFERENCE 10: 137:150161

L87 ANSWER 2 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **154323-57-6** REGISTRY
CN Pyrrolidine, 1-[[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]sulfonyl]- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN **Almotriptan**
CN LAS 31416
FS 3D CONCORD
MF **C17 H25 N3 O2 S**
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
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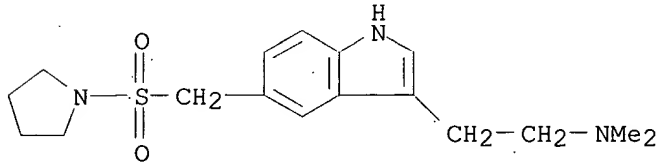

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REFERENCE 3: 138:95633

REFERENCE 4: 138:61375

REFERENCE 5: 138:49312

REFERENCE 6: 138:39187

REFERENCE 7: 137:379454

REFERENCE 8: 137:316091

REFERENCE 9: 137:149628

REFERENCE 10: 137:88277

L87 ANSWER 3 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **144034-80-0** REGISTRY
CN 1H-Indole-3-ethanamine, N,N-dimethyl-5-(1H-1,2,4-triazol-1-ylmethyl)- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN Maxalt
CN MK 462 free base
CN Risatriptan
CN **Rizatriptan**
FS 3D CONCORD
DR 174662-68-1
MF **C15 H19 N5**
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CAPLUS, CASREACT, CIN, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MRCK*, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
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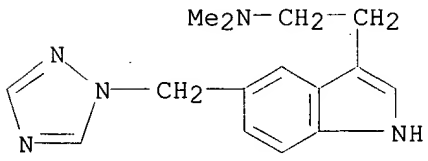

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REFERENCE 8: 138:39187

REFERENCE 9: 137:389178

REFERENCE 10: 137:389177

L87 ANSWER 4 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **143322-58-1** REGISTRY
CN 1H-Indole, 3-[[(2R)-1-methyl-2-pyrrolidinyl]methyl]-5-[2-(phenylsulfonyl)ethyl]- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1H-Indole, 3-[(1-methyl-2-pyrrolidinyl)methyl]-5-[2-(phenylsulfonyl)ethyl]-, (R)-
OTHER NAMES:
CN (R)-5-[2-(Benzenesulfonyl)ethyl]-3-[(N-methylpyrrolidin-2-yl)methyl]-1H-indole
CN **Eletriptan**
CN UK 116044
FS STEREOSEARCH
MF **C22 H26 N2 O2 S**
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MRCK*, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
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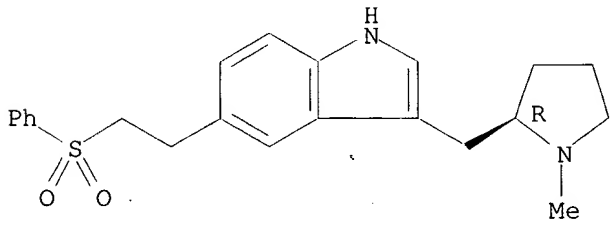
Absolute stereochemistry. Rotation (+).



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REFERENCE 5: 138:95633

REFERENCE 6: 138:39187

REFERENCE 7: 138:11121

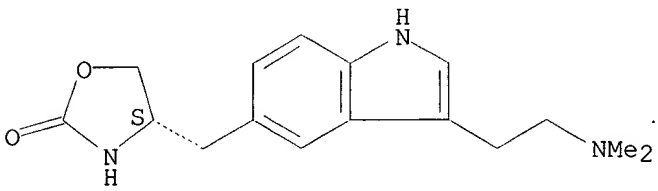
REFERENCE 8: 138:11114

REFERENCE 9: 137:379454

REFERENCE 10: 137:362962

L87 ANSWER 5 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **139264-17-8** REGISTRY
CN 2-Oxazolidinone, 4-[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]-, (4S)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 2-Oxazolidinone, 4-[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]-, (S)-
OTHER NAMES:
CN (S)-4-[[3-[2-(Dimethylamino)ethyl]-1H-indol-5-yl]methyl]-2-oxazolidinone
CN 311C90
CN BW 311C90
CN **Zolmitriptan**
CN Zomig
FS STEREOSEARCH
MF **C16 H21 N3 O2**
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, ANABSTR, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CHEMCATS, CIN, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, PHAR, PHARMASEARCH, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)

Absolute stereochemistry.



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REFERENCE 5: 138:215031

REFERENCE 6: 138:214808

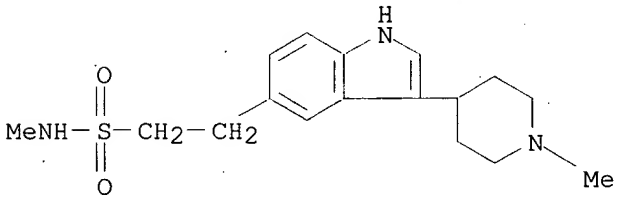
REFERENCE 7: 138:210343

REFERENCE 8: 138:180766

REFERENCE 9: 138:100738

REFERENCE 10: 138:95633

L87 ANSWER 6 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **121679-13-8** REGISTRY
CN 1H-Indole-5-ethanesulfonamide, N-methyl-3-(1-methyl-4-piperidinyl)- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN N-Methyl-3-(1-methyl-4-piperidyl)indole-5-ethanesulfonamide
CN **Naratriptan**
FS 3D CONCORD
MF **C17 H25 N3 O2 S**
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, ANABSTR, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CIN, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, PHAR, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

134 REFERENCES IN FILE CA (1957 TO DATE)
3 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
134 REFERENCES IN FILE CAPLUS (1957 TO DATE)

REFERENCE 1: 138:343864

REFERENCE 2: 138:343854

REFERENCE 3: 138:248536

REFERENCE 4: 138:226705

REFERENCE 5: 138:215031

REFERENCE 6: 138:193294

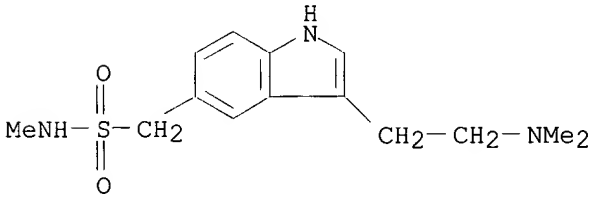
REFERENCE 7: 138:180766

REFERENCE 8: 138:100738

REFERENCE 9: 138:95633

REFERENCE 10: 138:39187

L87 ANSWER 7 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **103628-46-2** REGISTRY
CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 3-[2-(Dimethylamino)ethyl]-N-methyl-1H-indole-5-methanesulfonamide
CN GR 43175
CN GR 43175X
CN **Sumatriptan**
FS 3D CONCORD
MF **C14 H21 N3 O2 S**
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CHEMCATS, CIN, CSCHEM, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, PHAR, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

710 REFERENCES IN FILE CA (1957 TO DATE)
11 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
712 REFERENCES IN FILE CAPLUS (1957 TO DATE)

REFERENCE 1: 138:362127

REFERENCE 2: 138:358416

REFERENCE 3: 138:343854

REFERENCE 4: 138:314981

REFERENCE 5: 138:314296

REFERENCE 6: 138:313761

REFERENCE 7: 138:292525

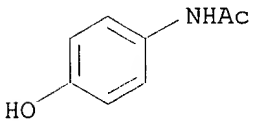
REFERENCE 8: 138:281021

REFERENCE 9: 138:248536

REFERENCE 10: 138:248319

L87 ANSWER 8 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **103-90-2** REGISTRY
CN Acetamide, N-(4-hydroxyphenyl)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Acetanilide, 4'-hydroxy- (7CI, 8CI)
OTHER NAMES:
CN 4'-Hydroxyacetanilide
CN 4-(Acetylamino)phenol
CN 4-(N-Acetylamino)phenol
CN 4-Acetamidophenol
CN 4-Acetaminophenol
CN 4-Hydroxyacetanilide
CN Abensanil
CN Acamol
CN Acenol
CN Acenol (pharmaceutical)
CN Acetagesic
CN Acetalgin
CN Acetaminofen
CN **Acetaminophen**
CN Algotropyl
CN Alpiny
CN Alvedon
CN Amadil
CN Anaflon
CN Anelix
CN Anhiba
CN Apamid
CN Apamide
CN APAP
CN Banesin
CN Ben-u-ron
CN Bickie-mol
CN Biocetamol
CN Calpol
CN Captin
CN Cetadol
CN Citramon P
CN Claratal
CN Clixodyne
CN Crocin
CN Dafalgan
CN Daphalgan
CN Datril
CN Dial-a-gesic
CN Dirox
CN Disprol
CN Doliprane
CN Dolprone
CN Duorol
CN Dymadon
CN Efferalgan
CN Enelfa
CN Eneril
CN Eu-Med

ADDITIONAL NAMES NOT AVAILABLE IN THIS FORMAT - Use FCN, FIDE, or ALL for DISPLAY
FS 3D CONCORD
DR 8055-08-1
MF C8 H9 N O2
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU, DETHERM*, DIOGENES, DIPPR*, DRUGU, EMBASE, HODOC*, HSDB*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, MSDS-OHS, NIOSHTIC, PHAR, PHARMASEARCH, PIRA, PROMT, RTECS*, SPECINFO, SYNTHLINE, TOXCENTER, ULIDAT, USAN, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: DSL**, EINECS**, TSCA**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

9948 REFERENCES IN FILE CA (1957 TO DATE)
234 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
9969 REFERENCES IN FILE CAPLUS (1957 TO DATE)
2 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

REFERENCE 1: 138:374188

REFERENCE 2: 138:373983

REFERENCE 3: 138:373972

REFERENCE 4: 138:373615

REFERENCE 5: 138:364972

REFERENCE 6: 138:363996

REFERENCE 7: 138:362675

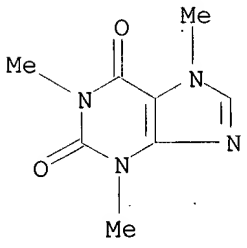
REFERENCE 8: 138:362621

REFERENCE 9: 138:362552

REFERENCE 10: 138:362300

L87 ANSWER 9 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **58-08-2** REGISTRY
CN 1H-Purine-2,6-dione, 3,7-dihydro-1,3,7-trimethyl- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN **Caffeine (8CI)**
OTHER NAMES:
CN 1,3,7-Trimethyl-2,6-dioxopurine
CN 1,3,7-Trimethylxanthine
CN 3,7-Dihydro-1,3,7-trimethyl-1H-purine-2,6-dione
CN 7-Methyltheophylline
CN Alert-Pep

CN Cafeina
CN Caffedrine
CN Caffein
CN Cafipel
CN Dasin
CN DHCplus
CN Diurex
CN Guaranine
CN Hycomine
CN Koffein
CN Mateina
CN Methyltheobromine
CN Miudol
CN No-Doz
CN Phensal
CN Propoxyphene Compound 65
CN Refresh'n
CN Shape Plus
CN SK 65 Compound
CN Stay Alert
CN Stim
CN Synalgos
CN Thein
CN Theine
CN Tri-Aqua
CN Wigraine
FS 3D CONCORD
DR 95789-13-2, 71701-02-5
MF C8 H10 N4 O2
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU, DETHERM*, DIOGENES, DIPPR*, DRUGU, EMBASE, GMELIN*, HODOC*, HSDB*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, MSDS-OHS, NAPRALERT, NIOSHTIC, PDLCOM*, PIRA, PROMT, RTECS*, SPECINFO, TOXCENTER, ULIDAT, USAN, USPAT2, USPATFULL, VETU, VTB
(*File contains numerically searchable property data)
Other Sources: DSL**, EINECS**, TSCA**
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

17258 REFERENCES IN FILE CA (1957 TO DATE)
161 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
17275 REFERENCES IN FILE CAPLUS (1957 TO DATE)
3 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

REFERENCE 1: 138:374168

REFERENCE 2: 138:373665

REFERENCE 3: 138:367717

REFERENCE 4: 138:365580

REFERENCE 5: 138:364874

REFERENCE 6: 138:363023

REFERENCE 7: 138:362549

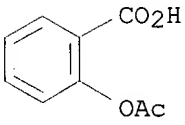
REFERENCE 8: 138:362521

REFERENCE 9: 138:362300

REFERENCE 10: 138:362127

L87 ANSWER 10 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN **50-78-2** REGISTRY
CN Benzoic acid, 2-(acetyloxy)- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 2-(Acetyloxy)benzoic acid
CN 2-Acetoxybenzoic acid
CN 2-Carboxyphenyl acetate
CN A.S.A. Empirin
CN AC 5230
CN Acenterine
CN Acesal
CN Acesan
CN Acetard
CN Aceticyl
CN Acetilum acidulatum
CN Acetisal
CN Acetol
CN Acetonyl
CN Acetophen
CN Acetosal
CN Acetosalic acid
CN Acetosalin
CN Acetylin
CN Acetylsal
CN Acetylsalicylic acid
CN Acetyonyl
CN Acetysal
CN Acidum acetylsalicylicum
CN Acimetten
CN Acisal
CN Acylpyrin
CN Adiro
CN Albyl E
CN ASA
CN Asagran
CN Asatard
CN Ascoden 30
CN Ascriptin
CN Aspalon
CN Aspergum
CN Aspirdrops
CN **Aspirin**
CN Aspirin Protect 100
CN Aspirin Protect 300
CN Aspirina 03

CN Aspro
CN Aspro Clear
CN Aspropharm
CN Asteric
CN Bayer
CN Benaspir
CN Bialpirina
CN Bialpirinia
CN Caprin
ADDITIONAL NAMES NOT AVAILABLE IN THIS FORMAT - Use FCN, FIDE, or ALL for DISPLAY
FS 3D CONCORD
DR 11126-35-5, 11126-37-7, 98201-60-6, 2349-94-2, 26914-13-6
MF C9 H8 O4
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU, DETHERM*, DIOGENES, DIPPR*, DRUGU, EMBASE, GMELIN*, HODOC*, HSDB*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, MSDS-OHS, NAPRALERT, NIOSHTIC, PDLCOM*, PHAR, PHARMASEARCH, PIRA, PROMT, RTECS*, SPECINFO, SYNTHLINE, TOXCENTER, TULSA, ULIDAT, USAN, USPAT2, USPATFULL, VETU, VTB
(*File contains numerically searchable property data)
Other Sources: DSL**, EINECS**, TSCA**
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

16092 REFERENCES IN FILE CA (1957 TO DATE)
289 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
16116 REFERENCES IN FILE CAPLUS (1957 TO DATE)
1 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

REFERENCE 1: 138:375481

REFERENCE 2: 138:374269

REFERENCE 3: 138:373972

REFERENCE 4: 138:373852

REFERENCE 5: 138:373615

REFERENCE 6: 138:367389

REFERENCE 7: 138:363670

REFERENCE 8: 138:362552

REFERENCE 9: 138:362424

REFERENCE 10: 138:362402

=> fil medline

FILE 'MEDLINE' ENTERED AT 13:09:33 ON 09 JUN 2003

FILE LAST UPDATED: 8 JUN 2003 (20030608/UP). FILE COVERS 1958 TO DATE.

On April 13, 2003, MEDLINE was reloaded. See HELP RLOAD for details.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2003 vocabulary. See http://www.nlm.nih.gov/mesh/changes2003.html for a description on changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d all tot

L128 ANSWER 1 OF 11 MEDLINE
AN 2002167257 MEDLINE
DN 21894764 PubMed ID: 11898508
TI Acute treatment of **migraine** and the role of triptans.
AU Freitag F G
CS Diamond Headache Clinic, 467 W. Deming Place, Suite 500, Chicago, IL 60614, USA.. dhcdoc@aol.com
SO Curr Neurol Neurosci Rep, (2001 Mar) 1 (2) 125-32. Ref: 25
Journal code: 100931790. ISSN: 1528-4042.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 200205
ED Entered STN: 20020320
Last Updated on STN: 20030313
Entered Medline: 20020506
AB The use of triptans has improved the ability to treat **migraine** successfully compared with older treatments. Speed of relief, consistency of effect, and good tolerability have been the hallmarks of these agents. All of the currently available triptans have comparable efficacy and tolerability. Variables between the agents may lead to one agent or dose form being preferred over another in various clinical scenarios. The triptans that are forthcoming may improve on these options through enhanced efficacy rates, tolerability, and **headache** recurrence rates. There exist increasing options for **migraine** treatment that may further improve the clinical effects of the older and newer triptans through early treatment of **migraine** at the stages of mild **migraine** pain, or even during the **prodromal** phase of the attack. Additionally, recent work suggests that mini-prophylaxis of **migraine** at the menses is a highly successful treatment option with the triptans. In this age of managed care, providing cost-effective treatment of **headache** will take on increasing importance. Techniques such as stratification of acute treatments may enhance cost-effective care, whereas ready availability of the triptans may lead to significant improvements in utilization of parameters such as office visits, emergency room treatment, and even hospitalization.
CT Check Tags: Female; Human; Male
Acute Disease
Blood Flow Velocity: DE, drug effects
Carbazoles: AD, administration & dosage
Carbazoles: TU, therapeutic use
Clinical Trials
Drug Administration Routes
Indoles: AD, administration & dosage
Indoles: TU, therapeutic use

Menstruation
*Migraine: DT, drug therapy
Migraine: PP, physiopathology
Migraine: PC, prevention & control
Oxazolidinones: AD, administration & dosage
Oxazolidinones: TU, therapeutic use
Piperidines: AD, administration & dosage
Piperidines: TU, therapeutic use
Practice Guidelines
Pyrrolidines: AD, administration & dosage
Pyrrolidines: TU, therapeutic use
Receptors, Serotonin: DE, drug effects
Serotonin Agonists: AD, administration & dosage
Serotonin Agonists: PK, pharmacokinetics
*Serotonin Agonists: TU, therapeutic use
Sumatriptan: AD, administration & dosage
Sumatriptan: PK, pharmacokinetics
Sumatriptan: TU, therapeutic use
Treatment Outcome
Triazoles: AD, administration & dosage
Triazoles: TU, therapeutic use
Vasoconstriction: DE, drug effects
Vasoconstrictor Agents: AD, administration & dosage
Vasoconstrictor Agents: PK, pharmacokinetics
*Vasoconstrictor Agents: TU, therapeutic use

RN **103628-46-2 (Sumatriptan); 121679-13-8 (naratriptan); 139264-17-8 (zolmitriptan); 145202-66-0 (rizatriptan); 154323-57-6 (almotriptan)**

CN 0 (Carbazoles); 0 (Indoles); 0 (Oxazolidinones); 0 (Piperidines); 0 (Pyrrolidines); 0 (Receptors, Serotonin); 0 (Serotonin Agonists); 0 (Triazoles); 0 (Vasoconstrictor Agents); 0 (**eletriptan**); 0 (**frovatriptan**); 0 (serotonin 1B receptor); 0 (serotonin 1D receptor)

L128 ANSWER 2 OF 11 MEDLINE

AN 2001055557 MEDLINE

DN 20415941 PubMed ID: 10961768

TI Prevention of **migraine** during **prodrome** with **naratriptan**.

AU Luciani R; Carter D; Mannix L; Hemphill M; Diamond M; Cady R

CS Albuquerque Clinic for Pain, Stress and Health Rehabilitation, New Mexico, USA.

SO CEPHALALGIA, (2000 Mar) 20 (2) 122-6.
Journal code: 8200710. ISSN: 0333-1024.

CY Norway

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200012

ED Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20001219

AB OBJECTIVE: To determine the role of **naratriptan** in preventing **migraine headache** when administered during **prodrome**. PROCEDURES: Baseline phase: patients recorded **prodrome** symptoms and time of onset, time when patient knew that **headache** was inevitable, time of onset and severity of **headache**. Treatment phase: patients given **naratriptan** 2.5 mg to take at the time they knew **headache** was inevitable. Patients recorded **prodrome** symptoms and time of onset, time they knew **headache** was inevitable, time **naratriptan** administered, time of onset and severity of any **headache**. Patients treated three **prodromes** separated by at least 48 h.

FINDINGS: Twenty patients completed both phases. During baseline phase, 59 **prodromes** were reported and all were followed by **headache**. Severity of **headache**: 5% mild, 51% moderate, 44% severe. During treatment phase, 63 **prodromes** were reported. Of these, 38/63 (60%) were not followed by **headache**. Among **headaches** that occurred, the majority occurred within 2 h of **naratriptan** administration, suggesting that **naratriptan** is more effective in preventing **headache** if taken early in **prodrome**. Severity of 25 **headaches**: 44% mild, 24% moderate, 32% severe. CONCLUSIONS: **Naratriptan** 2.5 mg appears to prevent **migraine headache** when given early in **prodrome**. If **headache** occurs, severity appears to be reduced.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult
Classic Migraine: PP, physiopathology
***Classic Migraine: PC, prevention & control**
Classic Migraine: PX, psychology
*Indoles: TU, therapeutic use
Middle Age
Pilot Projects
*Piperidines: TU, therapeutic use
*Serotonin Agonists: TU, therapeutic use

RN **121679-13-8 (naratriptan)**
CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists)

L128 ANSWER 3 OF 11 MEDLINE
AN **1999377651** MEDLINE
DN **99377651** PubMed ID: **10448542**
TI Interictal and postictal **cognitive** changes in **migraine**

CM Comment in: Cephalalgia. 1999 Jul;19(6):541
AU Mulder E J; Linssen W H; Passchier J; Orlebeke J F; de Geus E J
CS Department of Biological Psychology, Vrije Universiteit, Amsterdam, The Netherlands.. EJCM.Mulder@psy.vu.nl
SO CEPHALALGIA, (1999 Jul) 19 (6) 557-65; discussion 541.
Journal code: 8200710. ISSN: 0333-1024.
CY Norway
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199910
ED Entered STN: 19991026
Last Updated on STN: 19991026
Entered Medline: 19991013

AB The question whether symptom-free **migraine** patients show **cognitive** impairments compared to matched control subjects is addressed, and also whether **migraine** patients show transient **cognitive** impairments induced by an attack. The Neuropsychological Evaluation System (NES2) was administered once in an interictal period and twice within 30 h after different **migraine** attacks. Since **cognitive** impairments could be related to attack duration or severity, **cognitive** performance was compared during a postictal period after **sumatriptan** use and during a postictal period after habitual nonvasoactive medication use. Twenty **migraineurs** without aura, 10 **migraineurs** with aura, and 30 matched **headache**-free controls participated in the study. During a **headache**-free period, **migraineurs** without aura responded as quickly as controls, while **migraineurs** with aura were slower than controls during all tasks specifically requiring selective attention. These effects were not aggravated by a preceding **migraine** attack, irrespective of medication use and attack duration.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult
Attention: DE, drug effects
***Cognition Disorders: DI, diagnosis**
Cognition Disorders: DT, drug therapy
Cognition Disorders: PX, psychology
***Delirium, Dementia, Amnestic, Cognitive Disorders: DI, diagnosis**
Delirium, Dementia, Amnestic, Cognitive Disorders: DT, drug therapy
Delirium, Dementia, Amnestic, Cognitive Disorders: PX, psychology
***Migraine: DI, diagnosis**
Migraine: DT, drug therapy
Migraine: PX, psychology
***Neuropsychological Tests**
Pain Measurement
Psychomotor Performance: DE, drug effects
Reaction Time: DE, drug effects
Sumatriptan: AE, adverse effects
Sumatriptan: TU, therapeutic use
Vasoconstrictor Agents: AE, adverse effects
Vasoconstrictor Agents: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**
CN 0 (Vasoconstrictor Agents)

L128 ANSWER 4 OF 11 MEDLINE
AN 1999135022 MEDLINE
DN 99135022 PubMed ID: 9949863
TI Serotonin in **migraine**: theories, animal models and emerging therapies.
AU Johnson K W; Phebus L A; Cohen M L
CS Lilly Research Laboratories, Eli Lilly and Company, Lilly Corporate Center, Indianapolis, IN 46285, USA.
SO PROGRESS IN DRUG RESEARCH, (1998), 51 219-44. Ref: 123
Journal code: 1304021. ISSN: 0071-786X.
CY Switzerland
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199902
ED Entered STN: 19990311
Last Updated on STN: 19990311
Entered Medline: 19990224
AB A role for serotonin in **migraine** has been supported by changes in circulating levels of serotonin and its metabolites during the phases of a **migraine** attack, along with the ability of serotonin-releasing agents to induce **migraine**-like symptoms. The development of serotonin receptor agonists with efficacy in the clinic for the alleviation of **migraine** pain further implicates serotonin as a key molecule in **migraine**. Several theories regarding the etiology of **migraine** have been proposed. The vasodilatory theory of **migraine** suggested that extracranial arterial dilation during an attack was related to **migraine** pain; a theory supported when vasoconstrictors such as **sumatriptan** alleviated **migraine** pain. The neurological theory of **migraine** proposed that **migraine** resulted from abnormal firing in brain neurons. Cortical spreading depression, one facet of the neurological theory, could explain the **prodrome** of **migraine**. The neurogenic dural inflammation theory of **migraine** supposed that the dural membrane surrounding the brain became inflamed and hypersensitive due to release of neuropeptides from primary sensory nerve terminals. Substance P, calcitonin gene related

peptide and nitric oxide are all though to play a role in the dural inflammatory cascade. Animal models of **migraine** have been utilized to study the physiology of **migraine** and develop new pharmaceutical therapies. One model measures the shunting of blood to arteriovenous anastomoses based on a proposal that **migraine** primarily involves cranial arteriovenous vasodilation. Another model utilizes electrical stimulation of the trigeminal ganglion to induce neurogenic dural inflammation quantified by the resulting extravasation of proteins. Pharmacological agents such as meta-chlorophenylpiperazine (mCPP) and nitroglycerin have also been used to induce dural extravasation in animals. Both compounds also induce **migraine** attacks in individuals with a history of **migraine**. In addition, Fos, a protein produced by activation of the c-fos gene, has been measured as an index of **migraine**-like pain transmission to the CNS following chemical or electrical stimulation of the trigeminal nerve. A role for serotonin in **migraine** is further supported by the efficacy of serotonin receptor ligands. **Sumatriptan** is an agonist at 5-HT1D and 5-HT1B receptor subtypes, and effective in treating **migraine** pain and associated symptoms. Recently, selective 5-HT1F agonists have been proposed for the treatment of **migraine**, without the side effects associated with the present 5-HT1D and 5-HT1B receptor agonists. A role for 5-HT2B receptors has also been suggested the initiation of **migraine**, supporting use of selective 5-HT2B receptor antagonists in **migraine**. Thus, agents that modulate 5-HT1B, 5-HT1D, 5-HT1F and 5-HT2B receptors either have or may have clinical utility in the therapy of **migraine headache**.

CT Check Tags: Animal; Human
Disease Models, Animal
***Migraine: DT, drug therapy**
***Migraine: ME, metabolism**
*Receptors, Serotonin: DE, drug effects
Receptors, Serotonin: ME, metabolism
*Serotonin: ME, metabolism
*Serotonin Agonists: TU, therapeutic use
Serotonin Antagonists: TU, therapeutic use

RN 50-67-9 (Serotonin)

CN 0 (Receptors, Serotonin); 0 (Serotonin Agonists); 0 (Serotonin Antagonists)

L128 ANSWER 5 OF 11 MEDLINE

AN **1999010116** MEDLINE

DN **99010116** PubMed ID: **9793701**

TI Effect of operationalized computer diagnosis on the therapeutic results of **sumatriptan** in general practice.

CM Comment in: Cephalalgia. 1998 Sep;18(7):419-20

AU Gobel H; Heinze A; Kuhn K; Heuss D; Lindner V

CS Neurologisch-verhaltensmedizinische Schmerzklinik Kiel, Germany.

SO CEPHALALGIA, (1998 Sep) 18 (7) 481-6.
Journal code: 8200710. ISSN: 0333-1024.

CY Norway

DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)

LA English

FS Priority Journals

EM 199901

ED Entered STN: 19990115
Last Updated on STN: 19990115
Entered Medline: 19990107

AB A multicenter test was conducted to investigate the effectiveness of the selective serotonin agonist **sumatriptan** in patients with the computerized **headache** diagnosis of **migraine**. A

computer program was used for diagnostic evaluation of patients attending a general practice because of **headache**. The results of the analysis were taken as a direct decision on therapy. If the patients satisfied the criteria for **migraine**, they were given subcutaneous **sumatriptan** for treating three **migraine** attacks. The patients were able to use the study medication under outpatient conditions. The therapeutic efficacy of the medicine was recorded in a **headache** diary. A total of 91 patients were included in the study at 22 practices in Germany. An average of four patients per practice were recruited. In the first **migraine** attack treated, **headache** improvement was experienced by 77.7% of the patients treated. In the second and third attacks an improvement was experienced by 93.5% and 89.8%, respectively. The results show that by optimizing diagnostic reliability with the aid of the computer program a high response rate can be achieved under practice conditions using the selective serotonin agonist **sumatriptan**. Since the computer program described permits a specific diagnosis, it improves the prospects of effective **headache** therapy in the individual patient. Thus treatment based on this approach can reduce inputs of time and money in **migraine** therapy.

CT Check Tags: Female; Human; Male
Adolescent
Adult
***Algorithms**
*Diagnosis, Computer-Assisted
Family Practice
Middle Age
Migraine: DI, diagnosis
***Migraine: DT, drug therapy**
Serotonin Agonists: AE, adverse effects
*Serotonin Agonists: TU, therapeutic use
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**
Treatment Outcome

RN° **103628-46-2 (Sumatriptan)**

CN 0 (Serotonin Agonists)

L128 ANSWER 6 OF 11 MEDLINE

AN 1998145509 MEDLINE

DN 98145509 PubMed ID: 9484515

TI [Treatment of acute attack of **migraine** with **sumatriptan**].
Tratamiento del ataque agudo de la cefalea migranosa con **sumatriptan**.

AU Gonzalez-Espinosa L E; Gomez-Viera N; Olivera-Leal I; Reyes-Lorente R

CS Servicio de Neurologia, Hospital C.Q. Hermanos Ameijeiras, Ciudad de La Habana, Cuba.

SO REVISTA DE NEUROLOGIA, (1997 Nov) 25 (147) 1672-5.
Journal code: 7706841. ISSN: 0210-0010.

CY Spain

DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LA Spanish

FS Priority Journals

EM 199804

ED Entered STN: 19980422
Last Updated on STN: 20000303
Entered Medline: 19980415

AB INTRODUCTION AND MATERIAL: In the Hospital Clinico Quirurgico Hermanos Almeijeiras a randomized double blind clinical trial was carried out involving 52 patients who presented with painful **migraine** crises with or without **prodromes**. A group of 27 patients were given 6

mg of **sumatriptan** subcutaneously. Another group of 25 patients were given 1 mg of dihydroergotamine intramuscularly. It was seen that both drugs relieved the **migrainous** pain. However, **sumatriptan** did so in a greater percentage of patients. RESULTS AND CONCLUSIONS: There was earlier, and also more complete, relief of pain in those patients receiving **sumatriptan**. With regard to side-effects of **sumatriptan** were pain at the back of the site of injection, sensation of pressure at the back of the neck, facial flushing and asthenia.

CT Check Tags: Female; Human; Male
Acute Disease
Adolescent
Adult
Age Distribution
Double-Blind Method
English Abstract
Migraine: DI, diagnosis
***Migraine: DT, drug therapy**
*Serotonin Agonists: TU, therapeutic use
Severity of Illness Index
Sex Distribution
***Sumatriptan: TU, therapeutic use**
Time Factors

RN **103628-46-2 (Sumatriptan)**
CN 0 (Serotonin Agonists)

L128 ANSWER 7 OF 11 MEDLINE
AN 97300848 MEDLINE
DN 97300848 PubMed ID: 9155868
TI Cerebral circulatory changes during **migraine headache** with aura.
AU Meyer J S; Terayama Y; Takashima S; Obara K
CS Cerebral Blood Flow Laboratory, Veterans Affairs Medical Center, Houston, Texas, USA.
SO REVIEWS IN THE NEUROSCIENCES, (1993 Jul-Sep) 4 (3) 305-19. Ref: 68
Journal code: 8711016. ISSN: 0334-1763.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199706
ED Entered STN: 19970716
Last Updated on STN: 19970716
Entered Medline: 19970627
AB Many authors report alterations of cephalic (both intracranial and extracranial) blood flow and vascular responsiveness in patients with **migraine**. In the majority of reports, rCBF has been decreased during the **prodromal** phase and increased during and immediately after the **headache** phase of **migraine** attacks.
Abnormal vascular responsiveness has been demonstrated, not only during each attack, but also between attacks. Pharmacological and therapeutic evidence that many vasoactive agents induce, prevent or abolish attacks of **migraine headache** are consonant with the close relationships that exist between vascular abnormalities and the pathogenesis of **migraine** with aura. This is particularly true of the marked therapeutic effectiveness of calcium entry blockers, which are effective in the prophylaxis of **migraine**, and **sumatriptan**, which has direct vasoconstrictive effects, with relief of the **headache**, which lends strong support to a vascular hypothesis.
CT Check Tags: Human

*Brain: RA, radiography
*Cerebrovascular Circulation: PH, physiology
***Migraine: PP, physiopathology**

L128 ANSWER 8 OF 11 MEDLINE
AN **97161247** MEDLINE
DN **97161247** PubMed ID: **9008504**
TI **Cognitive** processing in primary **headache**: a study on event-related potentials.
AU Evers S; Bauer B; Suhr B; Husstedt I W; Grotemeyer K H
CS Department of Neurology, University of Munster, Germany.
SO NEUROLOGY, (1997 Jan) 48 (1) 108-13.
Journal code: 0401060. ISSN: 0028-3878.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199702
ED Entered STN: 19970306
Last Updated on STN: 19970306
Entered Medline: 19970226
AB BACKGROUND: There is experimental evidence for loss of **cognitive** habituation in **migraine** but not in other types of **headache** and not by visual event-related potentials (ERP). OBJECTIVE: Determining the latencies (msec) and amplitudes (microV) of ERP components and the differences of these values in a two-trial analysis representing the amount of **cognitive** habituation. PARTICIPANTS: Two hundred thirty-three patients with a **headache** diagnosis according to the criteria of the International **Headache** Society: **migraine** without aura (N = 77); **migraine** with aura (N = 31); cluster **headache** during period (N = 26); cluster **headache** during interval (N = 11); chronic paroxysmal hemicrania (N = 8); episodic tension-type **headache** (N = 33); ergotamine-induced **headache** (N = 47). Thirty age-matched healthy subjects served as a control group. METHODS: ERPs were evoked by a visual oddball paradigm consisting of 2 x 200 flashes of light (85% white light; 15% red light). Evaluation of ERP components was done separately for the first 200 and the second 200 stimuli as well as for the entire series of stimuli. RESULTS: We found an acceleration of the P3 latency during the second trial in **migraine** with and without aura, but not in the other **headache** types, and not in healthy controls. Ergotamine and **sumatriptan** abolished this loss of habituation in **migraine** patients. Increased ERP latencies as compared with healthy controls were present in patients with cluster **headache**, tension-type **headache**, ergotamine-induced **headache**, and **migraine** with aura, but not in **migraine** without aura. CONCLUSION: There is a loss of **cognitive** habituation in **migraine**, which may serve as a specific but not sensitive diagnostic tool. The pathophysiologies of **migraine** and cluster **headache** have a specific modifying property on **cognitive** processing reflected by a loss of **cognitive** habituation or an increased **cognitive** processing time. These effects can, in part, be counterbalanced by **antimigraine** medication.
CT Check Tags: Female; Human; Male
Adolescent
Adult
Aged
Cluster Headache: PP, physiopathology
Cluster Headache: PX, psychology
***Cognition**
Evoked Potentials
Habituation (Psychophysiology)

Headache: DT, drug therapy
Headache: PP, physiopathology
***Headache: PX, psychology**
Infant, Newborn
Middle Age
Migraine: DT, drug therapy
Migraine: PP, physiopathology
Migraine: PX, psychology
Reaction Time
Sumatriptan: TU, therapeutic use
Tension Headache: PP, physiopathology
Tension Headache: PX, psychology
Vasoconstrictor Agents: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**
CN 0 (Vasoconstrictor Agents)

L128 ANSWER 9 OF 11 MEDLINE
AN 96127713 MEDLINE
DN 96127713 PubMed ID: 8550362
TI **Preemptive** oral treatment with **sumatriptan** during a cluster period.
AU Monstad I; Krabbe A; Micieli G; Prusinski A; Cole J; Pilgrim A; Shevlin P
CS Nevrologisk avd, Hedmark Sentralsykehus, Elverum, Norway.
SO HEADACHE, (1995 Nov-Dec) 35 (10) 607-13.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199602
ED Entered STN: 19960306
Last Updated on STN: 19960306
Entered Medline: 19960220
AB This multinational, multicenter, randomized, double-blind, placebo-controlled study in 169 patients investigated the effect of a 7-day period of **preemptive** treatment with oral **sumatriptan** (100 mg tid) on the frequency and severity of cluster **headache** attacks occurring during an established cluster **headache** period. Safety and tolerability were also assessed. Cluster **headache** patients who were not taking prophylactic medication and had experienced seven or more attacks in the preceding observation week, treated a cluster **headache** attack at home with subcutaneous **sumatriptan** 6 mg using an autoinjector device. Patients were then randomized to take **sumatriptan** 100 mg or placebo at 8-hourly intervals for a 7-day period. Cluster **headaches** occurring during this period could be treated 5 minutes after onset with rescue medication (100% oxygen or simple analgesics). Diary cards were used to record details of the cluster **headache** pattern during the observation and study treatment weeks. **Preemptive** oral treatment with **sumatriptan** 100 mg tid for 7 days did not produce a significant reduction in the number or severity of cluster **headache** attacks occurring during an established cluster **headache** period. Oral treatment with **sumatriptan** 100 mg tid over a 7-day period was not associated with an increased or altered adverse event profile from that previously reported.
CT Check Tags: Comparative Study; Female; Human; Male
Administration, Oral
Adult
***Cluster Headache: DT, drug therapy**

Injections, Subcutaneous
Middle Age
*Serotonin Agonists: AD, administration & dosage
Serotonin Agonists: AE, adverse effects
***Sumatriptan: AD, administration & dosage**
Sumatriptan: AE, adverse effects
RN **103628-46-2 (Sumatriptan)**
CN 0 (Serotonin Agonists)

L128 ANSWER 10 OF 11 MEDLINE
AN **93252608** MEDLINE
DN **93252608** PubMed ID: **8387474**
TI Psychological status during **migraine** attack and interval before and after treatment with a selective 5-HT1-agonist.
AU Gobel H; Krapat S
CS Department of Neurology, University of Kiel, Germany.
SO HEADACHE, (1993 Mar) 33 (3) 118-20.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199306
ED Entered STN: 19930618
Last Updated on STN: 19930618
Entered Medline: 19930610
AB The study recorded the quantitative changes in psychological status during **migraine** attack and interval in 20 **migraine** patients. It further determined their psychological status after administration of the selective 5-HT1-agonist **sumatriptan** and placebo during **migraine** interval and **migraine** attack. psychological status was classified with the aid of an adjective list enabling quantitative description of 15 essential aspects of the subjects' current disposition. The results demonstrate a drastic deterioration in psychological status during an acute **migraine** attack as compared to the **migraine** interval and plainly show how badly **migraine** affects the patients, as almost all the aspects of psychological status are impaired. Administration of placebo did not significantly influence current disposition either in the **migraine** interval or during the attack. **Sumatriptan** minimally increased inactivity and dizziness during the **migraine** interval. During an attack **sumatriptan** completely normalized current disposition within 30 minutes by significantly improving the impaired dimensions. it is conceivable that this rapid normalization is due to the reduction in pain severity and is only a secondary effect of the rapid alleviation of pain. It is also possible that a direct effect of the selective 5-HT1-agonist on the central nervous system may be the cause of this rapid normalization of current disposition.
CT Check Tags: Female; Human
Adult
Double-Blind Method
*Indoles: TU, therapeutic use
Middle Age
Migraine: DT, drug therapy
***Migraine: PX, psychology**
Psychological Tests
*Serotonin Agonists: TU, therapeutic use
*Sulfonamides: TU, therapeutic use
Sumatriptan
Time Factors
RN **103628-46-2 (Sumatriptan)**
CN 0 (Indoles); 0 (Serotonin Agonists); 0 (Sulfonamides)

L128 ANSWER 11 OF 11 MEDLINE
AN 93173233 MEDLINE
DN 93173233 PubMed ID: 1337765
TI [The role of serotonin in the pathophysiology of **migraine**]. Rola serotoniny w patomechanizmie migreny.
AU Szczudlik A
CS Kliniki Neurologicznej CSK WAM w Warszawie.
SO NEUROLOGIA I NEUROCHIRURGIA POLSKA, (1992) Suppl 2 14-27. Ref: 69
Journal code: 0101265. ISSN: 0028-3843.
CY Poland
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA Polish
FS Priority Journals
EM 199303
ED Entered STN: 19930402
Last Updated on STN: 19930402
Entered Medline: 19930325
AB Of the many factors that have been implicated in the pathophysiology of **migraine**, none seems to have a better claim than serotonin (5-hydroxytryptamine, 5-HT). The evidence for this is: 5-HT concentrations in blood increase during the **prodromal** (aura) phase and subsequently, decrease to subnormal levels in the **headache** phase; **migraine** attacks may be triggered, in susceptible, subjects, by reserpine which depletes body serotonin; **migraine** attacks may be triggered, in susceptible subjects, by reserpine which depletes body serotonin; **migraine** attacks may be relieved by intravenous injection of 5-HT; medications known to affect 5-HT concentrations have been shown to be efficacious in both aborting (agonists of 5-HT1 receptors) and preventing (antagonists of 5-HT2 receptors) **migraine** attacks. Since most of 5-HT in blood is stored in the platelets, attention of many investigators focused on the platelet function abnormalities. The positive findings provoked some of them to hypothesise that **migraine** is a primarily platelet disorder. Advances in the understanding of the role of 5-HT in **migraine** and the pharmacology of this amine have now resulted in the development of a highly selective 5-HT1 -like receptor agonist which selectively constricts cranial blood vessels and inhibits neurogenically-mediated plasma protein extravasation in the dura mater.
CT Check Tags: Animal; Human
Blood Platelets: PH, physiology
English Abstract
Indoles: TU, therapeutic use
***Migraine: BL, blood**
Migraine: DT, drug therapy
*Serotonin: PH, physiology
Serotonin Agonists: TU, therapeutic use
Sulfonamides: TU, therapeutic use
Sumatriptan
RN **103628-46-2 (Sumatriptan)**; 50-67-9 (Serotonin)
CN 0 (Indoles); 0 (Serotonin Agonists); 0 (Sulfonamides)

=> d all tot

L135 ANSWER 1 OF 7 MEDLINE
AN 2002692660 MEDLINE
DN 22341535 PubMed ID: 12453030
TI Costs and outcomes of early versus delayed **migraine** treatment with **sumatriptan.**
AU Halpern Michael T; Lipton Richard B; **Cady Roger K**; Kwong W Jacqueline; Marlo Karen O; Batenhorst Alice S

CS Exponent Inc, Alexandria, VA 22314, USA.. mhalpern@exponent.com
SO HEADACHE, (2002 Nov-Dec) 42 (10) 984-99.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200303
ED Entered STN: 20021214
Last Updated on STN: 20030312
Entered Medline: 20030311
AB OBJECTIVE: To evaluate the impact on costs and outcomes of early **migraine** treatment with **sumatriptan** while pain is mild versus **sumatriptan** treatment of moderate to severe pain. BACKGROUND: **Migraines** result in substantial pain, impairment, and costs. Recent clinical studies have shown that early treatment with **sumatriptan** when **migraine** pain is mild is more effective than **sumatriptan** treatment when pain is moderate to severe. DESIGN/METHODS: We developed a decision analytical model to assess the costs and outcomes per treated **migraine** attack, comparing early treatment while pain is mild versus delayed treatment when pain may become moderate/severe using 50 and 100 mg of **sumatriptan**. Parameters for the model were derived from published literature and analysis of **migraine** patient diary data. For each patient group the model determined the duration of mild and moderate/severe **migraine** pain, the proportion of patients pain free at 4 hours after initial therapy with no recurrence, medical care costs, and work loss costs (from **migraine**-related absenteeism and decreased productivity) during a 24-hour period. Total costs were calculated as the sum of medical care costs plus work loss costs. RESULTS: Early treatment with **sumatriptan** when **migraine** pain is mild resulted in substantially decreased total costs per treated attack as compared with treatment when pain is moderate/severe. Early treatment also resulted in decreased time with **headache** pain, an increased proportion of patients pain free at 4 hours without recurrence, and decreased physician and emergency department visits. Treatment with 100 mg **sumatriptan** resulted in better outcomes than did treatment with 50 mg **sumatriptan**, but outcomes with either dose for early treatment of mild pain were superior to those for either dose in delayed treatment when pain may be moderate/severe. CONCLUSIONS: Model-based results indicate that on a treated attack basis, early treatment of **migraine** with **sumatriptan** while pain is mild leads to decreased costs and improved outcomes compared to delayed **sumatriptan** treatment.
CT Check Tags: Comparative Study; Human; Support, Non-U.S. Gov't
Cost-Benefit Analysis
Decision Trees
Migraine: CL, classification
***Migraine: DT, drug therapy**
Migraine: EC, economics
Probability
Recurrence
Serotonin Agonists: EC, economics
*Serotonin Agonists: TU, therapeutic use
Sumatriptan: EC, economics
***Sumatriptan: TU, therapeutic use**
Time Factors
United States
RN **103628-46-2 (Sumatriptan)**
CN 0 (Serotonin Agonists)

L135 ANSWER 2 OF 7 MEDLINE
AN 2002275647 MEDLINE

DN 22010891 PubMed ID: 12017403
TI The pharmacokinetics of **sumatriptan** when administered with clarithromycin in healthy volunteers.
AU Moore Katy H P; Leese Philip T; McNeal Scott; Gray Peter; **O'Quinn Stephen**; Bye Carole; Sale Mark
CS Clinical Pharmacology and Experimental Medicine, GlaxoSmithKline, Research Triangle Park, North Carolina 27709-3398, USA.. km10993@gsk.com
SO CLINICAL THERAPEUTICS, (2002 Apr) 24 (4) 583-94.
Journal code: 7706726. ISSN: 0149-2918.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200211
ED Entered STN: 20020518
Last Updated on STN: 20021211
Entered Medline: 20021105
AB BACKGROUND: Macrolide antibiotics such as clarithromycin are potent inhibitors of the cytochrome P450 (CYP)3A4 isozyme and have the potential to attenuate the metabolism and increase blood concentrations of drugs metabolized by this pathway. In vitro studies have suggested that **sumatriptan** is metabolized primarily by the monoamine oxidase-A isozyme and not by CYP3A4. OBJECTIVE: This study sought to determine the effect of coadministration of clarithromycin dosed to steady state on the pharmacokinetics of a single dose of **sumatriptan**. A secondary objective was to assess the safety and tolerability of combining these agents. METHODS: This was an open-label, randomized, 2-way crossover study in healthy volunteers. During treatment period 1, subjects received either a single oral dose of **sumatriptan** 50 mg (**sumatriptan** alone) or clarithromycin 500 mg orally every 12 hours on days 1 to 3 and a single oral dose of **sumatriptan** 50 mg plus a single oral dose of clarithromycin 500 mg on the morning of day 4 (combination treatment). During treatment period 2, they received the alternative regimen. Equivalence between **sumatriptan** alone and combination treatment was concluded if the 90% CI for the ratio of reference to test means of loge-transformed data for area under the plasma concentration-time curve extrapolated to infinity (AUC(infinity)) and maximum plasma concentration (Cmax) fell within the interval from 0.8 to 1.25. RESULTS: In the 24 evaluable subjects (12 men, 12 women) included in the pharmacokinetic analysis, mean **sumatriptan** AUC(infinity) and Cmax values after administration of combination treatment were 9% and 14% higher, respectively, than the corresponding values after administration of **sumatriptan** alone. The 90% CI for the ratio of reference to test means for AUC(infinity) was 1.03 to 1.15. The 90% CI for the ratio of reference to test means for Cmax was 1.03 to 1.26, above the traditional bioequivalence criterion. All other pharmacokinetic parameters tested, including nonparametric analysis of the time to Cmax, met the criterion for equivalence between treatments. Both treatments were well tolerated in the 27 subjects (13 men, 14 women) included in the safety analysis. CONCLUSIONS: The extent of absorption of **sumatriptan** was similar after oral administration alone and in combination with clarithromycin dosed to steady state. These data are consistent with previous reports that **sumatriptan** is unaffected by coadministration with the potent CYP3A4 inhibitor clarithromycin, supporting concomitant administration of these agents without the need for dose adjustment of **sumatriptan** in the acute treatment of **migraine**.
CT Check Tags: Female; Human; Male
Adolescent
Adult
*Antibiotics, Macrolide: AE, adverse effects

Area Under Curve
*Clarithromycin: AE, adverse effects
Cross-Over Studies
Cytochrome P-450 Enzyme System: ME, metabolism
Drug Interactions
Electrocardiography: DE, drug effects
Middle Age
Serotonin Agonists: AE, adverse effects
*Serotonin Agonists: PK, pharmacokinetics
Sumatriptan: AE, adverse effects
***Sumatriptan: PK, pharmacokinetics**
RN **103628-46-2 (Sumatriptan)**; 81103-11-9 (Clarithromycin); 9035-51-2 (Cytochrome P-450 Enzyme System)
CN 0 (Antibiotics, Macrolide); 0 (Serotonin Agonists); EC 1.14.14.1 (CYP3A protein, human)

L135 ANSWER 3 OF 7 MEDLINE
AN 2001231005 MEDLINE
DN 21218895 PubMed ID: 11318884
TI **Sumatriptan** nasal spray and **cognitive** function during **migraine**: results of an open-label study.
AU Farmer K; **Cady R**; Bleiberg J; Reeves D; Putnam G; **O'Quinn S**; Batenhorst A
CS Headache Care Center, Springfield, Mo 65804, USA.
SO HEADACHE, (2001 Apr) 41 (4) 377-84.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200108
ED Entered STN: 20010903
Last Updated on STN: 20010903
Entered Medline: 20010830
AB OBJECTIVE: To examine measures of **cognitive** function during acute **migraine**, before and after treatment with **sumatriptan** nasal spray, 20 mg. BACKGROUND: **Migraineurs** frequently report symptoms of **cognitive** impairment during **migraine**. The efficacy of **sumatriptan** for treatment of **migraine**-related **cognitive** impairment is undocumented. METHODS: This open-label, single-attack study of 28 subjects used the **Headache** Care Center-Automated Neuropsychological Assessment Metrics, a computerized neuropsychological assessment battery, to measure **cognitive** function under three patient conditions: **migraine**-free, untreated **migraine**, and following **sumatriptan** (primary outcome). **Headache** response and pain-free response, percent effectiveness, and clinical disability were measured. RESULTS: **Cognitive** function (simple **reaction time**, sustained attention/concentration, working memory, visual-spatial processing) and alertness/fatigue were adversely affected during **migraine** compared with **migraine**-free performance (P<.05), and rapidly restored following **sumatriptan** nasal spray, 20 mg (P<.05). **Headache** and pain-free response were 86% and 68%, respectively, at 135 minutes postdose. Changes in **migraine** pain severity, clinical disability, and percent effectiveness following treatment with **sumatriptan** nasal spray, 20 mg, were significantly correlated with **cognitive** function measures across all subtests (P<.001). CONCLUSIONS: **Sumatriptan** nasal spray, 20 mg, restored **migraine**-related **cognitive** function and clinical disability.
CT Check Tags: Female; Human; Support, Non-U.S. Gov't
Acute Disease

Administration, Intranasal
Adult
***Cognition: DE, drug effects**
Cognition: PH, physiology
***Cognition Disorders: ET, etiology**
Memory: DE, drug effects
Memory Disorders: ET, etiology
Middle Age
***Migraine: DT, drug therapy**
***Migraine: PX, psychology**
Neuropsychological Tests
Serotonin Agonists: PD, pharmacology
*Serotonin Agonists: TU, therapeutic use
Sumatriptan: PD, pharmacology
***Sumatriptan: TU, therapeutic use**
RN **103628-46-2 (Sumatriptan)**
CN 0 (Serotonin Agonists)

L135 ANSWER 4 OF 7 MEDLINE
AN 2001072675 MEDLINE
DN 20428563 PubMed ID: 10971662
TI A pilot study to measure **cognitive** efficiency during **migraine.**
AU Farmer K; **Cady R;** Bleiberg J; Reeves D
CS Headache Care Center, Springfield, MO 65804, USA.
SO HEADACHE, (2000 Sep) 40 (8) 657-61.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200101
ED Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20010104
AB BACKGROUND AND OBJECTIVES: The measurement of **cognitive** efficiency during **migraine** has produced conflicting results primarily due to the types of tests used. The objectives of this pilot study were two-fold: to measure **cognitive** efficiency during **migraine**, compared to a **migraine**-free period, and to evaluate the effects of therapy with a 5-HT1 agonist (**sumatriptan** injection, 6 mg) on the **cognitive** efficiency of **migraineurs** during a **migraine**. METHOD: The **Headache** Care Center-Automated Neuropsychological Assessment Metrics was administered to 10 **migraineurs**, three times without a **migraine**, once during a **migraine**, and three times after administration of **sumatriptan** injection (6 mg). RESULTS: The results demonstrated a significant drop in **cognitive** efficiency during **migraine** and recovery 15 minutes after therapeutic injection. CONCLUSIONS: This pilot study is the first to document a significant drop in **cognitive** functioning during **migraine** and recovery after administration of a **migraine** -specific medication.
CT ***Cognition**
Cognition: DE, drug effects
Migraine: DT, drug therapy
***Migraine: PX, psychology**
Neuropsychological Tests
Pilot Projects
Reference Values
Serotonin Agonists: TU, therapeutic use
Sumatriptan: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**

CN 0 (Serotonin Agonists)

L135 ANSWER 5 OF 7 MEDLINE
AN 2001056240 MEDLINE
DN 20398127 PubMed ID: 10940103
TI Comparison of **rizatriptan** and **sumatriptan**: a reply to Tfelt-Hansen et al.
CM Comment on: Headache. 1998 Nov-Dec;38(10):737-47
Comment on: Headache. 1998 Nov-Dec;38(10):748-55
Comment on: Headache. 1999 May;39(5):340-1
AU **O'Quinn S**; Saiers J; Mansbach H; Putnam G; Salonen R
SO HEADACHE, (2000 Jul-Aug) 40 (7) 605-9.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Commentary
Letter
LA English
FS Priority Journals
EM 200012
ED Entered STN: 20010322
Last Updated on STN: 20010806
Entered Medline: 20001221
CT Check Tags: Comparative Study; Human
Data Interpretation, Statistical
***Migraine: DT, drug therapy**
***Sumatriptan: TU, therapeutic use**
Treatment Outcome
*Triazoles: TU, therapeutic use
RN **103628-46-2 (Sumatriptan); 145202-66-0 (rizatriptan)**
CN 0 (Triazoles)

L135 ANSWER 6 OF 7 MEDLINE
AN 1999304455 MEDLINE
DN 99304455 PubMed ID: 10376167
TI Prospective large-scale study of the tolerability of subcutaneous **sumatriptan** injection for acute treatment of **migraine**.
AU **O'Quinn S**; Davis R L; **Gutterman D L**; Pait G D; Fox A W
CS Department of Medical Affairs, GlaxoWellcome Inc. Research Triangle Park, North Carolina, USA.
SO CEPHALALGIA, (1999 May) 19 (4) 223-31; discussion 200.
Journal code: 8200710. ISSN: 0333-1024.
CY Norway
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LA English
FS Priority Journals
EM 199908
ED Entered STN: 19990820
Last Updated on STN: 19990820
Entered Medline: 19990811
AB To investigate prospectively serious adverse events associated with **sumatriptan** injection, we studied 12,339 typical **migraineurs** for up to 12 months each. This study imitated the ordinary clinical use of **sumatriptan** injection except that: (a) a short, written informed consent was required, (b) there was a centralized, automated dispensing service that audited each patient's product use, (c) patients were sometimes reviewed by telephone, and (d) drug supply and medical consultation were without charge. All adverse events were recorded regardless of etiology. There were 25 fatalities during the study, none being attributable to **sumatriptan** injection. Of six strokes in the study, two occurred soon after treatment of a **migraine** attack with **sumatriptan** injection;

whether these were **migraine**-related or drug-related is discussed. None of the three myocardial infarctions was due to **sumatriptan** injection use. We conclude that **sumatriptan** injection is well tolerated when used in accordance with labeling.

CT Check Tags: Female; Human; Male
Adolescent
Adult
Aged
Aged, 80 and over
Alcohol Drinking
Cardiovascular Diseases: CI, chemically induced
Cerebrovascular Disorders: CI, chemically induced
Demography
Follow-Up Studies
Injections, Subcutaneous
Middle Age
***Migraine: DT, drug therapy**
Prospective Studies
Risk Factors
Seizures: CI, chemically induced
Serotonin Agonists: AE, adverse effects
*Serotonin Agonists: TU, therapeutic use
Smoking: AE, adverse effects
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**
Vasoconstrictor Agents: AE, adverse effects
*Vasoconstrictor Agents: TU, therapeutic use

RN **103628-46-2 (Sumatriptan)**
CN 0 (Serotonin Agonists); 0 (Vasoconstrictor Agents)

L135 ANSWER 7 OF 7 MEDLINE
AN 97104815 MEDLINE
DN 97104815 PubMed ID: 8984084
TI Impact of **sumatriptan** on workplace productivity, nonwork activities, and health-related quality of life among hospital employees with **migraine**.
AU Mushet G R; Miller D; Clements B; Pait G; **Gutterman D L**
CS Georgia Headache Treatment Center, Augusta 30901, USA.
SO HEADACHE, (1996 Mar) 36 (3) 137-43.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199701
ED Entered STN: 19970128
Last Updated on STN: 19970128
Entered Medline: 19970108
AB This prospective, open-label study evaluated the effects of subcutaneous **sumatriptan** versus usual therapy on workplace productivity, activity time outside of work, and health-related quality of life in 43 men or women who were hospital employees diagnosed with **migraine** according to international **Headache** Society criteria. Patients treated **migraines** with their usual therapy for 12 to 18 weeks followed by subcutaneous **sumatriptan** for 6 months. Health-related quality of life measurements obtained at baseline, after usual therapy, and after **sumatriptan** therapy included the Short Form-36 Health Survey and the **Migraine**-Specific Quality of Life Questionnaire. Patient daily diaries were used to capture data on **migraine** symptoms and on Lost Workplace Productivity and Non-workplace Activity Time. Traditional clinical efficacy measures were obtained to support the pharmacoeconomic data. Clinical data showed that

the percentage of treated **migraine** days per patient on which the patient experienced relief (moderate or severe pain reduced to mild or none) was 75% with **sumatriptan** and 25% with usual therapy. The mean time to meaningful relief was 1.1 hours during the **sumatriptan** phase and 4.2 hours during the usual therapy phase. Lost Workplace Productivity and Nonworkplace Activity Time was 35% lower with **sumatriptan** therapy (1.5 hours) compared with usual therapy (2.3 hours). Time missed from work due to symptoms, time worked with symptoms, and time normal activities were carried on with symptoms were each lower during **sumatriptan** therapy compared with usual therapy. Scores on each of the three **Migraine**-Specific Quality of Life Questionnaire dimensions and on the Role-Emotional dimension of the Short Form-36 were significantly more favorable after **sumatriptan** than after usual therapy ($P < 0.05$). These data demonstrate that treatment of **migraines** with **sumatriptan** for 6 months following usual therapy for 12 to 18 weeks was associated with improvement in clinical efficacy, reduction in lost workplace productivity and nonworkplace activity time, and enhancement of key dimensions of health-related quality of life among employees of a large university hospital.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
*Activities of Daily Living
Adult
*Efficiency
*Employee Performance Appraisal
Georgia: EP, epidemiology
***Migraine: DT, drug therapy**
Migraine: RH, rehabilitation
*Personnel, Hospital: SN, statistics & numerical data
Prospective Studies
*Quality of Life
Quality-Adjusted Life Years
*Serotonin Agonists: TU, therapeutic use
Sick Leave
***Sumatriptan: TU, therapeutic use**
RN **103628-46-2 (Sumatriptan)**
CN 0 (Serotonin Agonists)

=> d all tot

L136 ANSWER 1 OF 35 MEDLINE
AN 2003142291 IN-PROCESS
DN 22544249 PubMed ID: 12656722
TI Diagnostic lessons from the spectrum study.
AU Lipton R B; **Cady R K**; Stewart W F; Wilks K; Hall C
SO HEADACHE, (2003 Apr) 43 (4) 423.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS IN-PROCESS; NONINDEXED; Priority Journals
ED Entered STN: 20030327
Last Updated on STN: 20030327
AB Neurology. 2002;58(9 suppl 6):S27-S31. **Migraine** is a heterogeneous condition that causes symptoms that vary both among individuals and within individuals from attack to attack. We examined and reviewed several important lessons on the diagnosis of **migraine** learned from the distribution of **headache** types and patterns of treatment response in the Spectrum Study, including recruitment and diagnostic issues. The accuracy of an initial diagnosis, assigned by a clinician in the context of a clinical trial, was compared with the results of a final diagnosis, assigned by a neurologist, reviewing the

initial evaluation as well as **headache** diaries for up to 10 attacks. Several lessons can be learned from the Spectrum Study. Recruitment difficulties teach us that disabling tension-type **headache** is difficult to find, suggesting that it is rare. Examination of the final diagnosis given after diary evaluations suggests that a diagnosis of **migraine** can usually be confirmed for patients with disabling **headache**. After reclassification of the final sample of 432 subjects, 24/75 (32%) patients initially clinically classified as having disabling episodic tension-type **headache** proved to have **migraine** or **migrainous headache** after a diary review. Among study participants, 90% of subjects with disabling **headache** (HIMQ score>250) had a **migraine** -related disorder. Treatment response suggests that, in **migraineurs**, tension-type **headaches** may have a pathophysiology similar to that of **migraine**. The diary data show that mild **headaches** in **migraine** often evolve into full-blown **migraine**. The Spectrum Study supports the view that, for patients with disabling episodic **headache**, **migraine** is often the correct diagnosis. In clinical practice, the suspicion of **migraine** should be high for patients experiencing episodic disabling **headache**. Assessment of **headache**-related disability may assist practitioners in making a diagnosis of **migraine**. Comment: The Spectrum Study (Lipton R, et al. **Headache**. 2000;40:783-791) has proven to be one of the most important investigations to be reported in the modern clinical **headache** literature. The results, if accepted, constitute a shift in paradigm for the diagnosis of **migraine**, or, rather, a return to Neil Raskin's concept of the "continuum of benign recurring **headache**." One conclusion of the study was that all **headaches** in patients with coexisting episodic tension-type **headache**, **migrainous headache**, and **migraine** behaved the same in their response to **sumatriptan** . This suggests that the three **headache** types might all be manifestations of the same primary **headache** disorder, namely **migraine**, rather than representing three independent disorders, as currently suggested by the IHS classification system. Another finding of the Spectrum Study was that diary review often changed the diagnosis of **headaches** initially thought to be tension-type to **migraine** , suggesting both that longitudinal data can be illuminating with respect to diagnosis, and that, as Richard Lipton notes, "for patients with disabling episodic **headache**, **migraine** is often the correct diagnosis." SJT

L136 ANSWER 2 OF 35 MEDLINE
AN 2003123031 MEDLINE
DN 22523821 PubMed ID: 12637123
TI An open-label study to assess changes in efficacy and satisfaction with **migraine** care when patients have access to multiple **sumatriptan** succinate formulations.
AU Weidmann Eric; Unger Jeffrey; Blair Stephen; Friesen Christopher; Hart Carolyn; **Cady Roger**
CS South Austin Medical Clinic, Austin, Texas, USA.
SO CLINICAL THERAPEUTICS, (2003 Jan) 25 (1) 235-46.
Journal code: 7706726. ISSN: 0149-2918.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LA English
FS Priority Journals
EM 200305
ED Entered STN: 20030316
Last Updated on STN: 20030520

Entered Medline: 20030519

AB BACKGROUND: Because a patient's **migraines** often differ in duration, intensity, and accompanying symptoms, as well as the conditions and circumstances at the time of the **headache**, the mode for treatment also may change. OBJECTIVE: The goal of this study was to determine whether **migraine** management is improved by providing 3 formulations of **sumatriptan** succinate to patients, together with education to assist them in selecting the most appropriate formulation for specific attacks. METHODS: This was an open-label study conducted in 3 family practice settings. Patients were recruited who had at least a 1-year history of **migraine** meeting International **Headache** Society criteria and experienced 2 to 6 attacks per month within the previous 3 months. Patients received instructions on oral, intranasal, and subcutaneous (SC) **sumatriptan** and were provided with all 3 formulations to treat 6 **headaches**. **Migraine** features, formulation used, reason for selecting specific formulation, **migraine** symptom relief, and use of follow-up doses were recorded in diaries. At follow-up, patients completed a questionnaire assessing satisfaction with access to multiple formulations. RESULTS: Of the 33 enrolled patients (26 women, 7 men; mean age, 38.5 years [range, 23-54 years]), 25 (75.8%) completed all visits. Of 149 **headaches** treated, 39 (26.2%) were mild at onset, 70 (47.0%) were moderate, and 40 (26.8%) were severe. Eighty (53.7%) **headaches** were treated with tablets, 35 (23.5%) with nasal spray, and 34 (22.8%) with SC injection. Primary reasons for selecting specific formulations included "fewer side effects" for tablets, "convenience" for nasal spray, and "quick onset of action" for SC injection. Twenty-one (84.0%) patients reported being either very satisfied or satisfied with their ability to manage their **headaches**. Physicians reported that 18 of 24 (75.0%) patients had an improved attitude toward managing their **headaches**. All formulations were well tolerated. Eight (32.0%) patients reported adverse events, the 2 most common being chest pressure and fatigue. CONCLUSION: The patients in this study reported greater satisfaction with **migraine** management when given access to multiple **sumatriptan** formulations and education regarding their appropriate use.

CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't
Administration, Intranasal
Administration, Oral
Adult
***Classic Migraine: DT, drug therapy**
***Common Migraine: DT, drug therapy**
Injections, Subcutaneous
Middle Age
Patient Education
*Patient Satisfaction
Questionnaires
Self Administration
Serotonin Agonists: AD, administration & dosage
Serotonin Agonists: AE, adverse effects
*Serotonin Agonists: TU, therapeutic use
Sumatriptan: AD, administration & dosage
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**

RN **103628-46-2 (Sumatriptan)**

CN 0 (Serotonin Agonists)

L136 ANSWER 3 OF 35 MEDLINE

AN 2002288406 MEDLINE

DN 22024395 PubMed ID: 12028324

TI Clinical efficacy of **frovatriptan**: placebo-controlled studies.

AU Ryan R; Geraud G; Goldstein J; **Cady R**; Keywood C

CS Ryan Headache Center, St. Louis, MO, USA.
SO HEADACHE, (2002 Apr) 42 Suppl 2 S84-92.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200207
ED Entered STN: 20020528
Last Updated on STN: 20020724
Entered Medline: 20020723
AB OBJECTIVE: To confirm the clinical efficacy of **frovatriptan** 2.5 mg. BACKGROUND: **Frovatriptan** is a new 5-hydroxytryptamine (5-HT)(1B/1D) receptor agonist being developed for the acute treatment of **migraine** with or without aura. Results from preclinical and clinical pharmacology studies showed **frovatriptan** to be a potent 5-HT(1B) receptor agonist with a long terminal elimination half-life (26 hours) and a broad therapeutic index. DESIGN: Three randomized, placebo-controlled, double-blind, parallel-group trials, in a total of 2676 patients, were performed to confirm the clinical efficacy of **frovatriptan** 2.5 mg for the acute treatment of **migraine**. RESULTS: In all three studies, **headache** response 2 hours after **frovatriptan** dosing was significantly greater than that seen with placebo (P < or = .001) with approximately a two-fold measure of effect over placebo for **headache** response at 2 and 4 hours postdosing. Time to **headache** response occurred within 1.5 hours in a substantial proportion of patients. The incidence of 24-hour **headache** recurrence with **frovatriptan** was low (10% to 25%). **Frovatriptan** therapy also was associated with a high degree of patient satisfaction. CONCLUSIONS: **Frovatriptan** represents a consistently effective acute treatment for **migraine** and accompanying symptoms.
CT Check Tags: Female; Human; Male
Adult
Aged
*Carbazoles: TU, therapeutic use
Double-Blind Method
Middle Age
***Migraine: DT, drug therapy**
*Serotonin Agonists: TU, therapeutic use
Time Factors
Treatment Outcome
CN 0 (Carbazoles); 0 (Serotonin Agonists); 0 (**frovatriptan**)

L136 ANSWER 4 OF 35 MEDLINE
AN 2002271746 MEDLINE
DN 22006809 PubMed ID: 12010399
TI Mixing **sumatriptan**.
CM Comment on: Headache. 2001 Oct;41(9):862-6
AU Lipton Richard B; **Cady Roger**
SO HEADACHE, (2002 Apr) 42 (4) 325-6.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Commentary
Letter
LA English
FS Priority Journals
EM 200208
ED Entered STN: 20020516
Last Updated on STN: 20021227

Entered Medline: 20020816
CT Check Tags: Human
Acute Disease
Drug Therapy, Combination
Injections, Subcutaneous
Migraine: CL, classification
***Migraine: DT, drug therapy**
Salvage Therapy
***Sumatriptan: AD, administration & dosage**
RN **103628-46-2 (Sumatriptan)**

L136 ANSWER 5 OF 35 MEDLINE
AN 2002271744 MEDLINE
DN 22006807 PubMed ID: 12010397
TI **Migraine**, Midrin, and Imitrex.
CM Comment on: Headache. 2001 Apr;41(4):391-8
AU Landy Steve; Richardson Mary; **O'Quinn Stephen**
SO HEADACHE, (2002 Apr) 42 (4) 322-3; author reply 323-4.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Commentary
Letter
LA English
FS Priority Journals
EM 200208
ED Entered STN: 20020516
Last Updated on STN: 20030111
Entered Medline: 20020816
CT Check Tags: Human
*Acetaminophen: TU, therapeutic use
*Antipyrine: AA, analogs & derivatives
*Antipyrine: TU, therapeutic use
*Chloral Hydrate: AA, analogs & derivatives
*Chloral Hydrate: TU, therapeutic use
Drug Combinations
*Methylamines: TU, therapeutic use
***Migraine: DT, drug therapy**
Reproducibility of Results
Research Design: ST, standards
Selection Bias
*Serotonin Agonists: TU, therapeutic use
***Sumatriptan: TU, therapeutic use**
RN 103-90-2 (Acetaminophen); **103628-46-2 (Sumatriptan)**; 302-17-0 (Chloral Hydrate); 60-80-0 (Antipyrine); 8057-13-4 (Midrin)
CN 0 (Drug Combinations); 0 (Methylamines); 0 (Serotonin Agonists)

L136 ANSWER 6 OF 35 MEDLINE
AN 2002229659 IN-PROCESS
DN 21963896 PubMed ID: 11966861
TI **Almotriptan** reduces the incidence of **migraine**-associated symptoms: a pooled analysis.
AU **Cady Roger**
CS Primary Care Network, Springfield, Mo.
SO HEADACHE, (2002 Jan) 42 Suppl 1 26-31.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS IN-PROCESS; NONINDEXED; Priority Journals
ED Entered STN: 20020423
Last Updated on STN: 20021211
AB Objectives.-Evaluate the reduction in **migraine**-associated symptoms after administration of a single oral dose of **almotriptan**

. Methods.-This pooled analysis (N=1773) used data from three randomized, placebo-controlled, phase III trials (studies A, B, and C) to determine the incidence of **migraine**-associated symptoms (defined as nausea, vomiting, photophobia, and phonophobia) 2 hours after a single oral dose of study medication (**almotriptan, sumatriptan** , or placebo). Outcome data was extracted from studies A and B for placebo and the **almotriptan** 6.25-mg and 12.5-mg groups, and from study C for placebo, **almotriptan** 12.5-mg, and **sumatriptan** 100-mg groups. Results.-The incidence of nausea, photophobia, and phonophobia at 2 hours after dosing with study medication was significantly reduced (all P <.05) with **almotriptan** 6.25 mg or 12.5 mg compared with placebo. The percentage of patients with vomiting was lower with both doses of **almotriptan** in studies A and B compared with placebo, although differences were significant only for the 6.25-mg dose in study A (P <.001). For study C, the incidence of nausea, vomiting, photophobia, and phonophobia was similar for **almotriptan** and **sumatriptan** and lower than with placebo at 2 hours after dosing. Significant reductions (all P <.05) versus placebo were observed in the incidence of vomiting and phonophobia with **almotriptan** 12.5 mg, and photophobia and phonophobia with **sumatriptan** 100 mg. Conclusion.-**Almotriptan** provides relief from **migraine**-associated symptoms of nausea, vomiting, photophobia, and phonophobia, and thus represents an attractive treatment option for a wide spectrum of **migraine** symptomatology.

L136 ANSWER 7 OF 35 MEDLINE
AN 2002019656 MEDLINE
DN 21331674 PubMed ID: 11437904
TI Effect of **rizatriptan** in the spectrum of **headache.**
AU Allen C; **Cady R;** Lines C; McCarroll K
SO HEADACHE, (2001 Jun) 41 (6) 607-8.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Letter
LA English
FS Priority Journals
EM 200112
ED Entered STN: 20020121
Last Updated on STN: 20020121
Entered Medline: 20011207
CT Check Tags: Human
Clinical Trials
***Migraine: DT, drug therapy**
Retrospective Studies
*Serotonin Agonists: TU, therapeutic use
Sumatriptan: TU, therapeutic use
***Tension Headache: DT, drug therapy**
*Triazoles: TU, therapeutic use
RN **103628-46-2 (Sumatriptan); 145202-66-0 (rizatriptan)**
CN 0 (Serotonin Agonists); 0 (Triazoles)

L136 ANSWER 8 OF 35 MEDLINE
AN 2002007806 MEDLINE
DN 21188323 PubMed ID: 11293561
TI Economic implications of early treatment of **migraine** with **sumatriptan** tablets.
AU **Cady R K;** Sheftell F; Lipton R B; Kwong W J; **O'Quinn S**
CS Headache Care Center, Springfield, Missouri, USA.
SO CLINICAL THERAPEUTICS, (2001 Feb) 23 (2) 284-91.
Journal code: 7706726. ISSN: 0149-2918.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English

FS Priority Journals
EM 200112
ED Entered STN: 20020121
Last Updated on STN: 20020121
Entered Medline: 20011227
AB BACKGROUND: Early treatment of **migraine** with **sumatriptan** 50 mg and 100 mg, while pain is mild, has been reported to enhance pain-free response 2 hours and 4 hours postdose and sustained pain-free response 2 to 24 hours postdose compared with treatment when pain has become moderate to severe. Early treatment with **sumatriptan** 50 mg and 100 mg also resulted in less redosing, which translated to a reduction in the mean number of doses used per **migraine** episode. OBJECTIVE: We examined the economic implications of early treatment with **sumatriptan** 50 mg and 100 mg while pain is mild versus treatment when pain has become moderate to severe. METHODS: Using data from retrospective analyses of a dose-ranging clinical trial of **sumatriptan** (protocol S2CM09) involving 1003 patients, we estimated the mean cost per treatment success for a hypothetical population of 1000 **migraine** patients who received treatment with **sumatriptan** 50-mg or 100-mg tablets early while pain was mild versus treatment when pain had become moderate to severe. RESULTS: With a conservative estimate of **migraine** frequency of 1.5 episodes per month, the total cost of early **migraine** treatment with **sumatriptan** 50 mg and 100 mg was reduced by $31.68 and $20.16, respectively, per patient per year. The average cost per pain-free treatment success was reduced by 32% to 57% with **sumatriptan** 50 mg and 100 mg if **migraines** were treated while pain was mild in intensity versus when pain had become moderate to severe. CONCLUSIONS: Treatment of **migraine** with **sumatriptan** 50-mg and 100-mg tablets is effective regardless of whether pain is mild, moderate, or severe. However, initiating treatment while pain is mild may be more cost-effective than delaying treatment until pain has become moderate to severe.
CT Check Tags: Support, Non-U.S. Gov't
Cost Control
Drug Costs
Migraine: DT, drug therapy
***Migraine: EC, economics**
Pain: DT, drug therapy
Retrospective Studies
Sumatriptan: AD, administration & dosage
***Sumatriptan: EC, economics**
Sumatriptan: TU, therapeutic use
Vasoconstrictor Agents: AD, administration & dosage
*Vasoconstrictor Agents: EC, economics
Vasoconstrictor Agents: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**
CN 0 (Vasoconstrictor Agents)

L136 ANSWER 9 OF 35 MEDLINE
AN 2002007802 MEDLINE
DN 21188319 PubMed ID: 11293557
TI Effect of encapsulation on absorption of **sumatriptan** tablets: data from healthy volunteers and patients during a **migraine**.
AU Fuseau E; Petricoul O; Sabin A; Pereira A; **O'Quinn S**; Thein S; Leibowitz M; Purdon H; McNeal S; Salonen R; Metz A; Coates P
CS EMF Consulting France, Siret, France.
SO CLINICAL THERAPEUTICS, (2001 Feb) 23 (2) 242-51.
Journal code: 7706726. ISSN: 0149-2918.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LA English
FS Priority Journals
EM 200112
ED Entered STN: 20020121
Last Updated on STN: 20020121
Entered Medline: 20011227
AB BACKGROUND: Some comparative trials of selective serotonin 1B/ID-agonists in **migraine** have reported -15% lower efficacy for **sumatriptan** tablets than that reported in placebo-controlled trials. OBJECTIVE: This study was designed to test the hypothesis that the encapsulation methods used to mask active drug may delay absorption of **sumatriptan** from dosing to 2 hours after dosing (the traditional end point in clinical trials of **migraine** treatment), an effect that may be enhanced by **migraine**-associated gastric stasis. METHODS: Two randomized, open-label, 2-way crossover trials were conducted to evaluate the absorption and bioequivalence of conventional 50-mg **sumatriptan** tablets and encapsulated 50-mg **sumatriptan** tablets in supine, fasted, healthy volunteers (Glaxo Wellcome protocol SUM40270) and supine patients experiencing a **migraine** (Glaxo Wellcome protocol SUM40268). Absorption was assessed by calculating the area under the plasma concentration-time curve from dosing to 2 hours after dosing (AUC2) and the times to first measurable plasma concentration, 10 ng/mL, 20 ng/mL, and maximum plasma concentration. Data for the AUC from time zero to infinity and maximum plasma concentration were used to assess standard bioequivalence, which is considered to occur when the 90% CIs for the geometric mean treatment ratios (test/reference) fall between 0.8 and 1.25. RESULTS: Study 1 included 26 healthy subjects (73% men, 27% women; mean age, 39.1 years), and study 2 included 30 patients with **migraine** (67% women, 33% men; mean age, 42.7 years). **Sumatriptan** absorption was delayed with the encapsulated tablet compared with the conventional tablet 0 to 2 hours after dosing, particularly during a **migraine**. AUC2 values with encapsulated **sumatriptan** compared with the conventional tablet were 21% lower in healthy volunteers (ratio of capsule/tablet, 0.79; 90% CI, 0.588-1.050) and 27% lower in patients experiencing a **migraine** (ratio of capsule/tablet, 0.73; 90% CI, 0.519-1.023). Standard bioequivalence was demonstrated in both healthy volunteers and patients experiencing a **migraine**. CONCLUSIONS: Encapsulation delayed absorption of **sumatriptan** 0 to 2 hours after dosing, particularly during a **migraine**. This delay in absorption of the encapsulated form may account for the lower efficacy of **sumatriptan** in some comparative studies.
CT Check Tags: Female; Human; Male
Adult
Cross-Over Studies
Intestinal Absorption
Middle Age
***Migraine: DT, drug therapy**
***Sumatriptan: AD, administration & dosage**
Sumatriptan: BL, blood
***Sumatriptan: PK, pharmacokinetics**
***Sumatriptan: TU, therapeutic use**
Therapeutic Equivalency
*Vasoconstrictor Agents: AD, administration & dosage
Vasoconstrictor Agents: BL, blood
Vasoconstrictor Agents: PK, pharmacokinetics
Vasoconstrictor Agents: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**
CN 0 (Vasoconstrictor Agents)

L136 ANSWER 10 OF 35 MEDLINE
AN 2001650835 MEDLINE
DN 21559165 PubMed ID: 11702897

TI Cost-effectiveness and cost-benefit of **sumatriptan** in patients with **migraine**.

AU Lofland J H; Kim S S; Batenhorst A S; Johnson N E; Chatterton M L; **Cady R K**; Kaniecki R; Nash D B

CS Office of Health Policy and Clinical Outcomes, Thomas Jefferson University, Philadelphia, PA 19107, USA.. jennifer.lofland@mail.tju.edu

SO MAYO CLINIC PROCEEDINGS, (2001 Nov) 76 (11) 1093-101.
Journal code: 0405543. ISSN: 0025-6196.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 200112

ED Entered STN: 20011113
Last Updated on STN: 20020123
Entered Medline: 20011204

AB OBJECTIVE: To investigate the cost-effectiveness and cost-benefit of initiating **sumatriptan** therapy in patients with acute **migraine** who were previously taking nontriptan drugs. PATIENTS AND METHODS: This is an economic analysis of a prospective, pretest-posttest, observational 6-month outcomes study of 178 patients with a physician diagnosis of **migraine** who received their first prescription for **sumatriptan** between October 1994 and August 1996 and were members of a mixed-model managed care organization in western Pennsylvania. **Migraine**-related resource use data were obtained from the managed care organization's medical and pharmacy claims databases. The primary outcome measure for this economic analysis was the total disability time that patients experienced because of **migraine**. Patients reported time missed from work and usual nonwork activities because of **migraine** on self-administered questionnaires at baseline and at 3 and 6 months after initiation of **sumatriptan**. RESULTS: Initiation of **sumatriptan** resulted in a decrease of 662 **migraine**-disability-days for work and 1236 **migraine**-disability-days for nonwork activities during the 6 months of the study (decrease from 27.8 to 17.2 days per person), totaling 1898 **migraine**-disability-days averted with **sumatriptan** therapy. **Migraine**-related medical costs were lower after **sumatriptan** was initiated ($18,351 vs $26,192), whereas **migraine**-related pharmacy costs were lower with prior nontriptan drug therapy ($22,209 vs $74,861). The overall net cost savings after **sumatriptan** was initiated in these patients was $222,332 ($1249 per patient) with a benefit-to-cost ratio of $5.67 gained for each health care dollar spent from a societal perspective. The incremental cost-effectiveness ratio was $25 for each additional **migraine**-disability-day averted by using **sumatriptan** vs nontriptan drug therapy. Sensitivity analysis showed that changes in medical costs had little effect on the ratios and that **sumatriptan** remained cost-beneficial across a wide range of patient wages. CONCLUSION: This study showed that initiation of **sumatriptan** in patients previously receiving nontriptan therapy was cost-effective and had an economic benefit for patients, employers, and society. **Sumatriptan** also helped patients and physicians achieve goals recommended by the US **Headache** Consortium by reducing patients' disability and thus improving their ability to function at work and nonwork activities.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Absenteeism
Acute Disease
Administration, Oral
Adult
*Cost of Illness
*Cost-Benefit Analysis
*Economics, Pharmaceutical

Injections, Intravenous
***Migraine: DT, drug therapy**
***Migraine: EC, economics**
Occupations
Pennsylvania
Prospective Studies
Sumatriptan: AD, administration & dosage
***Sumatriptan: TU, therapeutic use**
Vasoconstrictor Agents: AD, administration & dosage
*Vasoconstrictor Agents: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**
CN 0 (Vasoconstrictor Agents)

L136 ANSWER 11 OF 35 MEDLINE
AN 2001611314 MEDLINE
DN 21543104 PubMed ID: 11678821
TI Looking forward: the expanding utility of **sumatriptan** and **naratriptan.**
AU **Cady R**
CS Headache Care Centre, Primary Care Network, Springfield, MO, USA.
SO CEPHALALGIA, (2001) 21 Suppl 1 35-8.
Journal code: 8200710. ISSN: 0333-1024.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200203
ED Entered STN: 20011105
Last Updated on STN: 20020321
Entered Medline: 20020320
CT Check Tags: Human
***Headache Disorders: DT, drug therapy**
Headache Disorders: ET, etiology
Indoles: AE, adverse effects
*Indoles: TU, therapeutic use
***Migraine: DT, drug therapy**
Piperidines: AE, adverse effects
*Piperidines: TU, therapeutic use
Primary Health Care
Serotonin Agonists: AE, adverse effects
*Serotonin Agonists: TU, therapeutic use
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**
Treatment Outcome
Vasoconstrictor Agents: AE, adverse effects
*Vasoconstrictor Agents: TU, therapeutic use
RN **103628-46-2 (Sumatriptan); 121679-13-8 (naratriptan)**
CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists); 0 (Vasoconstrictor Agents)

L136 ANSWER 12 OF 35 MEDLINE
AN 2001500674 MEDLINE
DN 21434313 PubMed ID: 11549974
TI Long-term efficacy and tolerability of **rizatriptan** wafers in **migraine.**
AU **Cady R**; Crawford G; Ahrens S; Hairwassers D; Getson A; Visser W H; Lines C
CS Headache Care Center, Springfield, Missouri, USA. (Rizatriptan-RPD Study Group).
SO MEDGENMED, (2001 Jun 1) 3 (3) 1.
Journal code: 100894134. ISSN: 1531-0132.
CY United States
DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200201
ED Entered STN: 20010911
Last Updated on STN: 20020128
Entered Medline: 20020123
AB CONTEXT: **Rizatriptan** is a selective 5-HT1B/1D receptor agonist for the acute treatment of **migraine**. It is available in a unique wafer formulation that dissolves rapidly in the mouth and can be taken without liquids, thereby offering patients a very convenient way to take treatment. OBJECTIVE: To investigate the long-term efficacy of **rizatriptan** 10-mg and 5-mg wafers in **migraineurs**. SETTING: 19 **headache** clinics in 5 countries. PATIENTS: 458 patients diagnosed with **migraine** according to International **Headache** Society criteria. DESIGN: 6-month, open-label, extension, which followed a double-blind, placebo-controlled study. INTERVENTIONS: Patients were randomly assigned to 1 of 3 treatments for moderate or severe **migraines**: **rizatriptan** 10-mg wafer, **rizatriptan** 5-mg wafer, or "standard care" (usual **migraine** treatment -- eg, nonsteroidal anti-inflammatory drugs [NSAIDs], analgesics, other triptans). Patients randomized to **rizatriptan** were blinded to the dose. MAIN OUTCOME MEASURES: **Headache** severity (none, mild, moderate, severe) and adverse events were recorded on a diary card. RESULTS: 181 patients treated 3393 attacks with **rizatriptan** 10-mg wafer, 191 treated 3254 attacks with **rizatriptan** 5-mg wafer, and 86 treated 1582 attacks with standard care. The median number of treated attacks per patient was 16 for **rizatriptan** 10-mg wafer, 13 for **rizatriptan** 5-mg wafer, and 14 for standard care. The median patient on **rizatriptan** 10-mg wafer reported pain relief at 2 hours (reduction of **headache** from moderate or severe at baseline to mild or none) in 82% of attacks, vs 73% of attacks for standard care (odds ratio [95% confidence interval] = 1.63 [1.14, 2.34], P <.01) and 72% of attacks for **rizatriptan** 5-mg wafer (OR [95% CI] = 1.60 [1.23, 2.08], P <.001). The median patient on **rizatriptan** 10-mg wafer was pain free at 2 hours in 46% of attacks, vs 30% of attacks for standard care (OR [95% CI] = 1.50 [1.06, 2.12], P <.05) and 25% of attacks for **rizatriptan** 5-mg wafer (OR [95% CI] = 1.93 [1.50, 2.49], P <.001). All treatments were generally well tolerated. Compared with standard care, **rizatriptan** 5-mg wafer was associated with fewer specific adverse events of asthenia/fatigue, back pain, nausea, pharyngeal discomfort, upper respiratory infection, and vomiting (P values <.05), and, compared with **rizatriptan** 10-mg wafer, fewer overall drug-related adverse events (P <.05). CONCLUSIONS: **Rizatriptan** 10-mg wafer was more effective than standard care and **rizatriptan** 5-mg wafer for treating intermittent moderate or severe **migraine** attacks occurring over periods of up to 6 months. **Rizatriptan** wafers were well tolerated.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult
Double-Blind Method
***Migraine: DT, drug therapy**
Pain Measurement
*Serotonin Agonists: AD, administration & dosage
Serotonin Agonists: TU, therapeutic use
Treatment Outcome
*Triazoles: AD, administration & dosage
Triazoles: TU, therapeutic use
RN **145202-66-0 (rizatriptan)**
CN 0 (Serotonin Agonists); 0 (Triazoles)

L136 ANSWER 13 OF 35 MEDLINE
AN 2001483475 MEDLINE
DN 21165140 PubMed ID: 11264684
TI **Naratriptan** as short-term prophylaxis of menstrually associated **migraine**: a randomized, double-blind, placebo-controlled study.
AU Newman L; Mannix L K; Landy S; Silberstein S; Lipton R B; Putnam D G; Watson C; Jobsis M; Batenhorst A; **O'Quinn S**
CS St. Luke's-Roosevelt Hospital Center, Headache Institute, New York, NY 10019, USA.
SO HEADACHE, (2001 Mar) 41 (3) 248-56.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200108
ED Entered STN: 20010903
Last Updated on STN: 20010903
Entered Medline: 20010830
AB OBJECTIVE: To determine the efficacy of **naratriptan** 1-mg and 2.5-mg tablets twice daily compared with placebo as short-term prophylaxis of menstrually associated **migraine**. BACKGROUND: Approximately 60% of women with **migraine** report **headaches** associated with their menstrual cycles. Results from an open-label study suggest that short-term administration of **sumatriptan** is useful in the prophylaxis of menstrually associated **migraine**. METHODS: A randomized, double-blind, three-arm, parallel-group, placebo-controlled study was conducted in women aged 18 years or older with a history of **migraine** with or without aura, as defined by the International **Headache** Society, of at least 6 months. Two dose strengths of **naratriptan** (1 mg, 2.5 mg) or identical-appearing placebo tablets (1:1:1) were administered twice daily for 5 days starting 2 days prior to the expected onset of menses across four perimenstrual periods. End points included the number of menstrually associated **migraines**, total **migraine** days, peak **headache** severity, lost work/activity time, **migraine**-related quality of life, and incidence of adverse events. RESULTS: Overall, the intent-to-treat population comprised 206 women (**naratriptan** 1 mg, n = 70; **naratriptan** 2.5 mg, n = 70, and placebo, n = 66); 171 women treated four perimenstrual periods. Significantly more perimenstrual periods per subject treated with **naratriptan**, 1 mg, were **headache**-free compared with placebo (50% versus 25%, P =.003). **Naratriptan**, 1 mg, significantly reduced the number of menstrually associated **migraines** (2.0 versus 4.0, P <.05) and menstrually associated **migraine** days (4.2 versus 7.0, P <.01) compared with placebo. More patients treated with **naratriptan**, 1 mg, were **headache**-free across all treated perimenstrual periods compared with placebo (23% versus 8%). No difference in **headache** severity was observed in breakthrough **headaches**. The incidence and severity of adverse events was similar across treatment groups. **Naratriptan**, 2.5 mg, was not statistically superior to placebo for any measure. CONCLUSIONS: **Naratriptan**, 1 mg, with tolerability similar to placebo, is an effective, short-term, prophylactic treatment for menstrually associated **migraine**.
CT Check Tags: Female; Human; Support, Non-U.S. Gov't
Adult
Double-Blind Method
*Indoles: TU, therapeutic use
*Menstruation
Migraine: ET, etiology

***Migraine: PC, prevention & control**
*Piperidines: TU, therapeutic use
Quality of Life
*Serotonin Agonists: TU, therapeutic use
Treatment Outcome
RN **121679-13-8 (naratriptan)**
CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists)

L136 ANSWER 14 OF 35 MEDLINE
AN 2001332615 MEDLINE
DN 21218897 PubMed ID: 11318886
TI Comparative study of a combination of isometheptene mucate, dichloralphenazone with acetaminophen and **sumatriptan** succinate in the treatment of **migraine**.
CM Comment in: Headache. 2002 Apr;42(4):322-3; discussion 323-4
AU Freitag F G; **Cady R**; DiSerio F; Elkind A; Gallagher R M; Goldstein J; Klapper J A; Rapoport A M; Sadowsky C; Saper J R; Smith T R
CS Diamond Headache Clinic, Chicago, Ill 60614-1726, USA.
SO HEADACHE, (2001 Apr) 41 (4) 391-8.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200108
ED Entered STN: 20010903
Last Updated on STN: 20021227
Entered Medline: 20010830
AB OBJECTIVE: To compare the safety and efficacy of isometheptene mucate, dichloralphenazone with acetaminophen to **sumatriptan** succinate for the treatment of mild-to-moderate **migraine**, with or without aura, when taken at the first sign of an attack. BACKGROUND: The Food and Drug Administration approved **sumatriptan** succinate and the combination of isometheptene mucate, dichloralphenazone with acetaminophen for the treatment of **migraine**. As part of the stratified treatment of **migraine**, those patients whose **headaches** are mild or moderate may benefit from nontriptan medications. Additionally, early treatment of acute **migraine** before the **headache** has become moderate or severe may improve response to treatment. METHODS: This was a multicenter, double-blind, randomized, parallel-group study to assess the safety and efficacy of the combination of isometheptene mucate, dichloralphenazone with acetaminophen and **sumatriptan** succinate in the early stages of a single **migraine** attack. Patients diagnosed with **migraine**, with or without aura, as defined by the International **Headache** Society diagnostic criteria were enrolled. RESULTS: One hundred thirty-seven patients were enrolled in the study. Data for efficacy were available for 126 patients; safety data were available for 128 patients. No statistically significant difference between the two active agents in the patient's response to treatment was demonstrated. **Headache** recurrence was not significantly different over the 24-hour evaluation period for those patients responding in the first 4 hours. In those with **headache** recurrence, it was statistically significantly more severe in those patients treated with **sumatriptan** succinate. Improvement in functional disability was, in general, better among those treated with isometheptene mucate, dichloralphenazone with acetaminophen. Global analysis of efficacy was similar in the two active groups. Patients treated with **sumatriptan** succinate were somewhat more likely to have adverse effects than the isometheptene mucate, dichloralphenazone with acetaminophen group. CONCLUSIONS: Both

isometheptene mucate, dichloralphenazone with acetaminophen and **sumatriptan** succinate are safe and effective when used early in the treatment of an acute **migraine**. Several parameters suggest that isometheptene mucate, dichloralphenazone with acetaminophen may have a slight advantage compared with **sumatriptan** succinate in the early treatment of mild-to-moderate **migraine**.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
*Acetaminophen: TU, therapeutic use
Adult
Analgesics: TU, therapeutic use
*Antipyrine: TU, therapeutic use
Capsules
*Chloral Hydrate: TU, therapeutic use
Double-Blind Method
Drug Combinations
*Methylamines: TU, therapeutic use
Migraine: CO, complications
***Migraine: DT, drug therapy**
Recurrence
Sedatives, Nonbarbiturate: TU, therapeutic use
*Serotonin Agonists: TU, therapeutic use
***Sumatriptan: TU, therapeutic use**

RN 103-90-2 (Acetaminophen); **103628-46-2 (Sumatriptan)**; 302-17-0 (Chloral Hydrate); 480-30-8 (dichloralantipyrine); 503-01-5 (isometheptene); 60-80-0 (Antipyrine)

CN 0 (Analgesics); 0 (Capsules); 0 (Drug Combinations); 0 (Methylamines); 0 (Sedatives, Nonbarbiturate); 0 (Serotonin Agonists)

L136 ANSWER 15 OF 35 MEDLINE
AN 2001179243 MEDLINE
DN 21075044 PubMed ID: 11167896
TI Tolerability of **sumatriptan**: clinical trials and post-marketing experience.
CM Comment in: Cephalalgia. 2001 Oct;21(8):855-6
Erratum in: Cephalalgia 2001 Mar;21(2):164-5
AU Welch K M; Mathew N T; Stone P; Rosamond W; Saiers J; **Gutterman D**
CS University of Kansas School of Medicine, Kansas City, Kansas, USA.
SO CEPHALALGIA, (2000 Oct) 20 (8) 687-95. Ref: 34
Journal code: 8200710. ISSN: 0333-1024.
CY Norway
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 200103
ED Entered STN: 20010404
Last Updated on STN: 20020516
Entered Medline: 20010329

AB Through December 1998, **sumatriptan** had been used to treat more than 236 million **migraine** attacks world-wide. In clinical trials alone, more than 88000 **migraine** patients had treated more than 300000 **migraine** attacks with **sumatriptan**, and 2000 normal healthy volunteers had been exposed to the drug. This paper describes the safety and tolerability profile of **sumatriptan** in three sections: adverse events reported in clinical trials, special issues, and spontaneous post-marketing reports of adverse reactions. Data from the extensive clinical trials programme coupled with information from nearly 10 years of experience in clinical practice demonstrate that **sumatriptan** is generally well-tolerated, with an acceptable benefit-risk ratio when used properly. Significant cardiovascular and cerebrovascular events are rare but have been observed. This fact highlights the need for careful patient selection and vigilant adherence

to the prescribing recommendations for **sumatriptan**. The wealth of clinical trials and post-marketing information for **sumatriptan** may be useful in guiding prescribing decisions for members of this class of drugs.

CT Check Tags: Human
Cardiovascular Diseases: CI, chemically induced
Cardiovascular Diseases: MO, mortality
Cerebrovascular Disorders: CI, chemically induced
Cerebrovascular Disorders: MO, mortality
Clinical Trials
***Migraine: DT, drug therapy**
Product Surveillance, Postmarketing
***Sumatriptan: AE, adverse effects**
Sumatriptan: TU, therapeutic use

RN **103628-46-2 (Sumatriptan)**

L136 ANSWER 16 OF 35 MEDLINE
AN 2001139265 MEDLINE
DN 20576024 PubMed ID: 11135022
TI Treatment of mild **headache** in disabled **migraine** sufferers: results of the Spectrum Study.
CM Comment in: Headache. 2001 Oct;41(9):918-22
AU **Cady R K**; Lipton R B; Hall C; Stewart W F; **O'Quinn S**; **Gutterman D**
CS Headache Care Center, Springfield, MO 65804, USA.
SO HEADACHE, (2000 Nov-Dec) 40 (10) 792-7.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200103
ED Entered STN: 20010404
Last Updated on STN: 20020426
Entered Medline: 20010308
AB OBJECTIVE: To evaluate the effectiveness of **sumatriptan**, 50-mg tablets, versus placebo for early intervention while head pain was mild in patients with disabling **migraine**. METHODS: A post hoc analysis was performed in a subgroup of patients from a large, randomized, placebo-controlled study of patients with disabling **headache** who treated while pain was mild. Pain-free response 2 and 4 hours postdose, **headache** recurrence, and safety were examined. Significance tests were performed only for the first-treated attacks. RESULTS: Twenty-six patients with disabling **headache** treated 46 mild and 166 moderate or severe **headaches**. For the first-treated **headaches** while pain was mild, pain-free rates were significantly higher for **sumatriptan** than placebo 4 hours postdose (78% versus 0%, P =.02), but not 2 hours postdose (52% versus 0%, P =.22).. Across all **headaches** treated while pain was mild, pain-free responses were higher for **sumatriptan** than placebo 4 hours (85% versus 17%) and 2 hours (50% versus 0%) postdose compared with placebo. When the same patients treated **headaches** while pain was moderate or severe, pain-free rates were lower than that reported for treatment during mild pain. There was a trend toward lower **headache** recurrence in **headaches** treated while pain was mild compared with moderate or severe pain (13% versus 18%). No drug-related adverse events were reported in the **headaches** treated while pain was mild. CONCLUSIONS: Patients with disabling **migraine** may benefit from early intervention with **sumatriptan**, 50 mg, while pain is mild.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Administration, Oral

Adult
*Disabled Persons
Middle Age
***Migraine: DT, drug therapy**
***Migraine: PP, physiopathology**
Recurrence
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**
Time Factors
Vasoconstrictor Agents: AE, adverse effects
*Vasoconstrictor Agents: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**
CN 0 (Vasoconstrictor Agents)

L136 ANSWER 17 OF 35 MEDLINE
AN 2001139264 MEDLINE
DN 20576023 PubMed ID: 11135021
TI 2000 Wolfe Award. **Sumatriptan** for the range of **headaches** in **migraine** sufferers: results of the Spectrum Study.
CM Comment in: Headache. 2001 Oct;41(9):918-22
AU Lipton R B; Stewart W F; **Cady R**; Hall C; **O'Quinn S**; Kuhn T; **Gutterman D**
CS Albert Einstein Medical College and Montefiore Headache Unit, New York, NY, USA.
SO HEADACHE, (2000 Nov-Dec) 40 (10) 783-91.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200103
ED Entered STN: 20010404
Last Updated on STN: 20020426
Entered Medline: 20010308
AB BACKGROUND: **Migraineurs** experience a spectrum of **headaches**: **migraine**, **migrainous**, and episodic tension-type as defined by the International **Headache** Society (IHS). OBJECTIVE: To evaluate the effectiveness of **sumatriptan**, 50-mg tablets, in treating the spectrum of **headaches** in IHS-diagnosed **migraineurs**. DESIGN/METHODS: **Migraineurs** with severe disability (**Headache** Impact Questionnaire score 250 or greater) were enrolled in a randomized, double-blind, placebo-controlled, crossover study. Patients treated up to 10 **headaches** with **sumatriptan**, 50 mg, or placebo (4:1). **Headache** features, recorded prior to treatment, were used to classify each **headache** using IHS criteria. **Headache** response (moderate or severe pain reduced to mild or no pain) and pain-free response were recorded at 2 and 4 hours postdose (primary endpoint). Because patients treated multiple attacks, statistical methods controlling for within-subject correlation were used. RESULTS: Two hundred forty-nine **migraineurs** treated 1576 moderate or severe **headaches**: **migraine** (n = 1110), **migrainous** (n = 103), and tension-type (n = 363). **Sumatriptan** was superior to placebo for **headache** response 4 hours postdose (primary endpoint) across all **headache** types (**migraine**, 66% versus 48%; P<.001; **migrainous**, 71% versus 39%; P<.01; tension-type, 78% versus 50%, P<.001). **Sumatriptan** was also superior to placebo for pain-free response 4 hours postdose for **migraine** (41% versus 24%, P<.001) and tension-type **headaches** (56% versus 36%, P =.001). **Sumatriptan** provided superior pain-free response 2 hours postdose for **migraine**

(18% versus 7%, P<.0001) and tension-type **headache** (28% versus 14%, P =.0005) compared with placebo. CONCLUSION: **Sumatriptan**, 50-mg tablets, are effective for the full spectrum of **headaches** experienced by patients with disabling **migraine** due to a **sumatriptan**-responsive mechanism.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Administration, Oral
Adult
Cross-Over Studies
Double-Blind Method
Middle Age
***Migraine: DT, drug therapy**
Migraine: PP, physiopathology
Periodicity
Severity of Illness Index
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**
***Tension Headache: DT, drug therapy**
Tension Headache: PP, physiopathology
Treatment Outcome
Vasoconstrictor Agents: AE, adverse effects
*Vasoconstrictor Agents: TU, therapeutic use

RN **103628-46-2 (Sumatriptan)**
CN 0 (Vasoconstrictor Agents)

L136 ANSWER 18 OF 35 MEDLINE
AN 2001056226 MEDLINE
DN 20398113 PubMed ID: 10940089
TI **Naratriptan** efficacy in **migraineurs** who respond poorly to oral **sumatriptan**.
AU Stark S; Spierings E L; McNeal S; Putnam G P; Bolden-Watson C P; **O'Quinn S**
CS Innovative Clinical Research Center, Alexandria, VA, USA.
SO HEADACHE, (2000 Jul-Aug) 40 (7) 513-20.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200012
ED Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20001221

AB OBJECTIVES: To determine whether 347 patients would respond to a 50-mg oral dose of **sumatriptan**, even though they considered themselves poor responders to this acute therapy for **migraine**, and to investigate whether oral **naratriptan** can be an effective acute therapy for **migraine** in the subset of patients who did not respond to **sumatriptan** under double-blind, well-controlled conditions. BACKGROUND: Although most **migraineurs** respond to **sumatriptan**, there remains a need for an effective alternative for those who do not respond. **Naratriptan** is a more potent and more lipophilic member of this class of agent and could prove beneficial in such patients. This is the first well-controlled study to assess the value of another 5-HT1B/1D agonist in this difficult patient subset. METHODS: This study comprised two **migraine** attacks. The first (attack 1) was a single-blind assessment of the efficacy of **sumatriptan** (50 mg orally) in patients with a history of poor response to the drug. The second (attack 2) was a randomized, parallel group, double-blind, placebo-controlled trial of **naratriptan** (2.5 mg orally) in nonresponders to oral **sumatriptan**. RESULTS:

Attack 1: About two thirds of this selected **migraine** population did not respond to **sumatriptan**. Attack 2: **Naratriptan** was statistically superior to placebo for **headache** relief at 2 hours and 4 hours, as well as for most other features of **migraine** attacks. These data suggest an intrinsic efficacy of **naratriptan** in this patient subset and not a coincidental response. No unexpected tolerability issues arose. CONCLUSIONS: **Naratriptan** is an alternative therapy for **migraineurs** who respond poorly to oral **sumatriptan**. No response to one "triptan" does not necessarily predict no response to them all.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Administration, Oral
Adult
Double-Blind Method
*Indoles: TU, therapeutic use
***Migraine: DT, drug therapy**
*Piperidines: TU, therapeutic use
Prospective Studies
Recurrence
*Serotonin Agonists: TU, therapeutic use
Single-Blind Method
***Sumatriptan: TU, therapeutic use**
Treatment Outcome

RN **103628-46-2 (Sumatriptan); 121679-13-8 (naratriptan)**
CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists)

L136 ANSWER 19 OF 35 MEDLINE
AN 2000501471 MEDLINE
DN 20500398 PubMed ID: 11048903
TI Effect of early intervention with **sumatriptan** on **migraine** pain: retrospective analyses of data from three clinical trials.
AU **Cady R K**; Sheftell F; Lipton R B; **O'Quinn S**; Pharmd; Jones M; Putnam D G; Crisp A; Metz A; McNeal S
CS Headache Care Center, Springfield, Missouri, USA.
SO CLINICAL THERAPEUTICS, (2000 Sep) 22 (9) 1035-48.
Journal code: 7706726. ISSN: 0149-2918.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(META-ANALYSIS)
LA English
FS Priority Journals
EM 200102
ED Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20010201
AB OBJECTIVE: This study assessed the efficacy of **sumatriptan** 50- and 100-mg tablets in the treatment of **migraine** attacks while the pain is mild rather than moderate/severe. BACKGROUND: Results from The Spectrum Study suggested that early treatment of **migraine** attacks with **sumatriptan** 50-mg tablets while the pain is mild might enhance pain-free response and reduce **headache** recurrence. METHODS: Retrospective analyses of **headaches** treated during mild pain were performed using data from 3 studies of **sumatriptan** tablets (protocols S2CM09, S2BT25, and S2BT26). Our primary interest was pain-free response 2 and 4 hours after dosing; secondary interests were use of a second dose of medication, clinical disability (as measured on a 4-point disability scale), **migraine**-associated symptoms, meaningful pain relief (patient defined), time to meaningful relief, sustained pain-free response, and proportion of attacks in which pain had worsened 2 and 4 hours after dosing, all of which were compared in **headaches** treated during mild versus moderate/severe pain.

RESULTS: In S2CM09, 92 patients treated 118 **headaches** during mild pain. Rates of pain-free response were higher 2 hours after dosing with **sumatriptan** 50 mg (51%) or 100 mg (67%; P < 0.05) compared with placebo (28%), and were higher with early treatment of mild pain compared with treatment of moderate/severe pain at 2 hours (**sumatriptan** 50 mg: mild pain, 51%; moderate/severe pain, 31%; P < 0.05; **sumatriptan** 100 mg: mild pain, 67%; moderate/severe pain, 36%) and 4 hours (50 mg: 75% vs 56%; 100 mg: 90% vs 61%; P < 0.05). Early intervention also resulted in less redosing than when moderate/severe pain was treated (50 mg: 21% vs 32%; 100 mg: 20% vs 29%). More attacks treated early with **sumatriptan** 50 or 100 mg were associated with normal function 4 hours after dosing compared with placebo (70% and 93% vs 46%, respectively). Sustained pain-free response rates 2 to 24 hours after early dosing with **sumatriptan** 50 or 100 mg were also higher (34% and 53%, respectively) compared with treatment of moderate/severe pain (19% and 24%, respectively). Early treatment with **sumatriptan** 100 mg produced significantly higher pain-free rates at 2 hours after dosing (P < 0.001) than did ergotamine plus caffeine (S2BT25: 69% vs 34%, respectively) or aspirin plus metoclopramide (S2BT26: 73% vs 25%, respectively). CONCLUSIONS: **Sumatriptan** 50- and 100-mg tablets are effective whether pain is mild or moderate/severe. However, treatment with **sumatriptan** while pain is mild provides high pain-free response rates while reducing the need for redosing, benefits not seen with ergotamine plus caffeine or aspirin plus metoclopramide.

CT Check Tags: Human
Dose-Response Relationship, Drug
Double-Blind Method
Migraine: CO, complications
***Migraine: DT, drug therapy**
*Pain: DT, drug therapy
Pain: ET, etiology
Placebos
Randomized Controlled Trials
Retrospective Studies
*Serotonin Agonists: TU, therapeutic use
***Sumatriptan: TU, therapeutic use**

RN **103628-46-2 (Sumatriptan)**
CN 0 (Placebos); 0 (Serotonin Agonists)

L136 ANSWER 20 OF 35 MEDLINE
AN 2000428232 MEDLINE
DN 20223366 PubMed ID: 10759909
TI Low **migraine headache** recurrence with **naratriptan**: clinical parameters related to recurrence.
AU Sheftell F; **O'Quinn S**; Watson C; Pait D; Winter P
CS New England Center for Headache, Stamford, CT 06902, USA.
SO HEADACHE, (2000 Feb) 40 (2) 103-10.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200009
ED Entered STN: 20000922
Last Updated on STN: 20000922
Entered Medline: 20000911

AB OBJECTIVE: To evaluate clinical parameters that may affect the incidence of **headache** recurrence or the time to **headache** recurrence, or both, in **migraineurs** treated with **naratriptan**, 2.5-mg tablets. BACKGROUND: The incidence of **headache** recurrence within 24 hours of treatment with **naratriptan**, 2.5-mg tablets (17%-28%), is lower than that reported for other currently available selective serotonin agonists. Identifying

clinical parameters that influence **headache** recurrence may further reduce the incidence of **headache** recurrence or prolong the time to recurrence, or both, for **naratriptan**-treated patients. METHODS: We examined the effects of three clinical parameters (predose pain severity, **headache** duration prior to treatment, and relief status 4 hours post dose) on the incidence of and time to **headache** recurrence across four placebo-controlled **naratriptan** clinical trials. The impact of these parameters on **headache** recurrence was examined individually and in combination. RESULTS: Predose pain severity had no effect on the incidence of **headache** recurrence (overall 23%; moderate 22%, severe 23%). The median time to recurrence was longer for patients with moderate pain before treatment compared with patients with severe pain before treatment (14.5 hours versus 9.3 hours, respectively). Overall time to **headache** recurrence was 11.8 hours. Patients with **headache** recurrence reported a longer time until they treated the **headache** compared with patients without **headache** recurrence (median, 145 minutes versus 97.5 minutes). Patients who treated **headache** pain within 3 hours of onset had a lower incidence of **headache** recurrence (20%) than patients who treated their **headache** more than 3 hours after onset (28%). Patients with no pain 4 hours post dose had a lower incidence of and a longer time to **headache** recurrence compared with patients with mild pain 4 hours post dose (17% versus 32%; median, 17.8 hours versus 8.1 hours, respectively). The interaction of all three clinical parameters was significant in predicting **headache** recurrence. CONCLUSIONS: The overall incidence of **headache** recurrence is low after **naratriptan**, 2.5 mg, compared with other currently available selective serotonin agonists. Predose pain severity, time to treatment, and 4-hour relief status appear related to the incidence of or time to **headache** recurrence, or both. Treating less severe **migraine** attacks, treating earlier within an attack, and obtaining complete relief post dose may enhance the low incidence of **headache** recurrence and achieve longer times to recurrence with **naratriptan**, 2.5 mg.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Acute Disease
Adult
Aged
*Indoles: TU, therapeutic use
Middle Age
***Migraine: DT, drug therapy**
Migraine: ET, etiology
*Piperidines: TU, therapeutic use
Recurrence
Retrospective Studies
*Serotonin Agonists: TU, therapeutic use

RN **121679-13-8 (naratriptan)**

CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists)

L136 ANSWER 21 OF 35 MEDLINE

AN 2000421734 MEDLINE

DN 20398927 PubMed ID: 10943230

TI Effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**: results of a randomized, double-blind, placebo-controlled clinical trial.

CM Comment in: Mayo Clin Proc. 2000 Aug;75(8):780-1

AU Schulman E A; **Cady R K**; Henry D; Batenhorst A S; Putnam D G; Watson C B; O'Quinn S O

CS Center for Headache Management, Springfield, Pa., USA.

SO MAYO CLINIC PROCEEDINGS, (2000 Aug) 75 (8) 782-9.
Journal code: 0405543. ISSN: 0025-6196.

CY United States

DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 200009
ED Entered STN: 20000915
Last Updated on STN: 20000915
Entered Medline: 20000907
AB OBJECTIVE: To determine the effect of **sumatriptan** on **migraine**-related workplace productivity loss. PATIENTS AND METHODS: In this randomized, double-blind, placebo-controlled, parallel-group trial, adult **migraineurs** self-injected 6 mg of **sumatriptan** or matching placebo to treat a moderate or severe **migraine** within the first 4 hours of a minimum of an 8-hour work shift. Outcome measures included productivity loss and number of patients returning to normal work performance 2 hours after injection and across the work shift, time to return to normal work performance, and time to **headache** relief. RESULTS: A total of 206 patients underwent screening, 140 (safety population) of whom returned for clinic treatment. Of these 140 patients, 119 received **migraine** treatment in the workplace (intent-to-treat population), 116 of whom comprised the study population. Of these 116 patients, 76 self-administered **sumatriptan**, and 40 self-administered placebo. **Sumatriptan** treatment tended to reduce median productivity loss 2 hours after injection compared with placebo (25.2 vs 29.9 minutes, respectively; P = .14). Significant reductions in productivity loss were obtained across the work shift after **sumatriptan** treatment compared with placebo (36.8 vs 72.6 minutes, respectively; P = .001). Significantly more **sumatriptan**-treated patients vs placebo-treated patients experienced shorter return to normal work performance at 2 hours (53/76 [70%] vs 12/40 [30%], respectively) and across the work shift (64/76 [84%] vs 23/40 [58%], respectively; P < .001). Significantly more **sumatriptan**-treated patients experienced **headache** relief 1 hour after injection compared with placebo-treated patients (48/76 [63%] vs 13/40 [33%], respectively; P = .004). CONCLUSION: Across an 8-hour work shift, **sumatriptan** was superior to placebo in reducing productivity loss due to **migraine**.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult
Cost-Benefit Analysis
Double-Blind Method
*Efficiency
Injections, Subcutaneous
Middle Age
***Migraine: DT, drug therapy**
***Migraine: EC, economics**
Occupations: EC, economics
Self Administration
Serotonin Agonists: AD, administration & dosage
Serotonin Agonists: AE, adverse effects
*Serotonin Agonists: EC, economics
*Serotonin Agonists: TU, therapeutic use
Sumatriptan: AD, administration & dosage
Sumatriptan: AE, adverse effects
***Sumatriptan: EC, economics**
***Sumatriptan: TU, therapeutic use**
Time Factors
Treatment Outcome
Workplace
RN **103628-46-2 (Sumatriptan)**
CN 0 (Serotonin Agonists)

L136 ANSWER 22 OF 35 MEDLINE
AN 2000409609 MEDLINE
DN 20387055 PubMed ID: 10927717
TI Evaluation of **migraineurs'** preferences for **naratriptan** over conventional first-line agents.
AU Powers C; Szeto S; Pangtay D; Bort T; Cervi M; **Cady R**
CS Headache Care Center, Springfield, MO 65804, USA.
SO ARCHIVES OF FAMILY MEDICINE, (2000 Aug) 9 (8) 753-8.
Journal code: 9300357. ISSN: 1063-3987.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LA English
FS Priority Journals
EM 200008
ED Entered STN: 20000907
Last Updated on STN: 20000907
Entered Medline: 20000828
AB OBJECTIVE: To assess patient satisfaction with and preference for **naratriptan** hydrochloride therapy over previous "nontriptan" therapy for **migraines**. DESIGN AND SETTING: Open-label study conducted at 15 primary care clinics. PATIENTS: One hundred forty-three adults meeting International **Headache** Society diagnostic criteria for **migraine** who were not using triptans as first-line therapy for **migraines** were enrolled; 115 completed the study. INTERVENTION AND OUTCOME ASSESSMENTS: At baseline, satisfaction with current **migraine** therapy was assessed. Patients were provided with **naratriptan** hydrochloride, 2.5 mg, to treat 3 **migraines** and diaries to record **headache** symptoms and response to treatment. After treating 3 **migraines**, satisfaction with **naratriptan** therapy and preference for either previous or **naratriptan** therapy were assessed. RESULTS: Eighty-nine (62%) of 143 patients had previous exposure to triptans, with lack of prescribing (55%) as the primary reason for not continuing their use as first-line therapy. Medications used for first-line therapy included simple analgesics (59%), combination products (46%), and narcotics (13%). After treating 3 **migraines** with **naratriptan**, satisfaction with **migraine** therapy increased from 47% to 75%. Sixty-three percent of patients preferred **naratriptan** therapy over their previous nontriptan therapy, 27% preferred their previous therapy, and 10% had no preference. The main reasons for preference for **naratriptan** therapy were "relieves pain effectively" (86%) and "restores ability to function/perform task" (81%). CONCLUSION: **Naratriptan** for first-line **migraine** therapy was preferred by most patients over previous nontriptan therapy.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult
Aged
*Indoles: TU, therapeutic use
Middle Age
***Migraine: DT, drug therapy**
Patient Satisfaction: SN, statistics & numerical data
*Piperidines: TU, therapeutic use
Serotonin Agonists: TU, therapeutic use
Treatment Outcome
*Vasoconstrictor Agents: TU, therapeutic use
RN **121679-13-8 (naratriptan)**
CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists); 0 (Vasoconstrictor Agents)

L136 ANSWER 23 OF 35 MEDLINE

AN 2000190964 MEDLINE
DN 20190964 PubMed ID: 10728620
TI Pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**: a prospective study.
AU **O'Quinn S**; Ephross S A; Williams V; Davis R L; **Gutterman D L**; Fox A W
CS US Medical Affairs, Glaxo Wellcome Research Institute, Research Triangle Park, NC 27709, USA.
SO ARCHIVES OF GYNECOLOGY AND OBSTETRICS, (1999 Nov) 263 (1-2) 7-12. Journal code: 8710213. ISSN: 0932-0067.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200004
ED Entered STN: 20000427
Last Updated on STN: 20000427
Entered Medline: 20000419
AB BACKGROUND: **Sumatriptan** is an acute treatment for **migraine** which is often used by women in their child-bearing years, and who become unexpectedly pregnant. Within the context of the post-marketing use of **sumatriptan** injection for the acute treatment of **migraine**, and in compliance with approved labeling, we wished to compare perinatal pregnancy outcomes in women who did and did not use the drug after conception. METHODS: Open-label, prospective study conducted in 12,339 **migraineurs** (including 9,861 women) whose demography and consumption pattern of **sumatriptan** injections were typical, and were predicted to include 150 pregnancies. Outcome of pregnancy was the end-point. RESULTS: There were 168 of 173 pregnancies that were well-documented. **Sumatriptan** was only used prior to conception in 92 cases. There were 76 first trimester exposures to **sumatriptan**. There were no differences in pregnancy outcome between the two groups. CONCLUSIONS: Perinatal and pregnancy outcome did not differ between patients who had and had not used **sumatriptan** after conception, at the resolution of these sample sizes. This study design complements the ongoing pregnancy registry, which is now widened to patients exposed to all formulations of **sumatriptan**.
CT Check Tags: Comparative Study; Female; Human
Abortion, Spontaneous: EP, epidemiology
Adolescent
Adult
Aged
Aged, 80 and over
Middle Age
***Migraine: DT, drug therapy**
Pregnancy
*Pregnancy Outcome
Prospective Studies
Sumatriptan: AD, administration & dosage
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**
RN **103628-46-2 (Sumatriptan)**

L136 ANSWER 24 OF 35 MEDLINE
AN 1999452292 MEDLINE
DN 99452292 PubMed ID: 10524661
TI **Migraine** polypharmacy and the tolerability of **sumatriptan**: a large-scale, prospective study.
AU Putnam G P; **O'Quinn S**; Bolden-Watson C P; Davis R L; **Gutterman D L**; Fox A W
CS Department of Clinical Biostatistics, GlaxoWellcome Inc., Research Triangle Park, NC, USA.
SO CEPHALALGIA, (1999 Sep) 19 (7) 668-75.

Journal code: 8200710. ISSN: 0333-1024.
CY Norway
DT Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LA English
FS Priority Journals
EM 199911
ED Entered STN: 20000111
Last Updated on STN: 20000111
Entered Medline: 19991122

AB Polypharmacy (the prescription of more than one therapy for a single patient) and subcutaneous (s.c.) **sumatriptan** tolerability were prospectively studied in 12,339 **migraineurs**, each followed for up to 1 year. Inclusion/exclusion criteria were minimal and mirrored United States Imitrex labeling. Drug usage and compliance monitoring were automatically interfaced with prescription refill. Concomitant drugs were used by 79% of patients, with analgesics, antidepressants, and sedatives used most commonly. No adverse interactions between **sumatriptan** and neurological drugs were found, possibly reflecting relative inability of the former to cross the blood-brain barrier. No difference in cardiovascular adverse events was associated with oral contraceptive use, which was more common than expected. No other drug class influenced adverse event probability, although sample sizes for these comparisons was sometimes <400 patients. This study confirms the prevalence of polypharmacy in **migraine**, identifies the drugs used, and concludes that, on a population basis, the tolerability of s.c. **sumatriptan**, when used according to labeled instructions, is unaffected by these concomitant drugs.

CT Check Tags: Female; Human; Male
Adolescent
Adrenergic beta-Antagonists: AD, administration & dosage
Adrenergic beta-Antagonists: TU, therapeutic use
Adult
Aged
Aged, 80 and over
Analgesics, Opioid: AD, administration & dosage
Analgesics, Opioid: TU, therapeutic use
Anti-Asthmatic Agents: TU, therapeutic use
Anti-Infective Agents: TU, therapeutic use
Anti-Inflammatory Agents, Non-Steroidal: AD, administration & dosage
Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use
Anticonvulsants: AD, administration & dosage
Anticonvulsants: TU, therapeutic use
Antidepressive Agents: AE, adverse effects
Antidepressive Agents: TU, therapeutic use
Cardiovascular Agents: TU, therapeutic use
Cohort Studies
Comorbidity
Contraceptives, Oral, Hormonal: AE, adverse effects
Contraceptives, Oral, Hormonal: TU, therapeutic use
Depression: DT, drug therapy
Depression: EP, epidemiology
Drug Evaluation
*Drug Interactions
Drug Therapy, Combination
Epilepsy: DT, drug therapy
Epilepsy: EP, epidemiology
Hypnotics and Sedatives: AD, administration & dosage
Hypnotics and Sedatives: TU, therapeutic use
Injections, Subcutaneous
Methysergide: AD, administration & dosage
Methysergide: TU, therapeutic use
Middle Age

***Migraine: DT, drug therapy**
Migraine: EP, epidemiology
Patient Acceptance of Health Care
Prospective Studies
Serotonin Agonists: AE, adverse effects
*Serotonin Agonists: TU, therapeutic use
Smoking: EP, epidemiology
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**
Valproic Acid: AD, administration & dosage
Valproic Acid: TU, therapeutic use
Vasoconstrictor Agents: AE, adverse effects
*Vasoconstrictor Agents: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**; 361-37-5 (Methysergide); 99-66-1 (Valproic Acid)
CN 0 (Adrenergic beta-Antagonists); 0 (Analgesics, Opioid); 0 (Anti-Asthmatic Agents); 0 (Anti-Infective Agents); 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Anticonvulsants); 0 (Antidepressive Agents); 0 (Cardiovascular Agents); 0 (Contraceptives, Oral, Hormonal); 0 (Hypnotics and Sedatives); 0 (Serotonin Agonists); 0 (Vasoconstrictor Agents)

L136 ANSWER 25 OF 35 MEDLINE
AN 1999448851 MEDLINE
DN 99448851 PubMed ID: 10523121
TI Primary care in a health maintenance organization.
CM Comment on: Cephalalgia. 1999 Jul;19(6):575-80; discussion 541-2
AU **Cady R**
SO CEPHALALGIA, (1999 Jul) 19 (6) 541-2.
Journal code: 8200710. ISSN: 0333-1024.
CY Norway
DT Commentary
Editorial
LA English
FS Priority Journals
EM 199910
ED Entered STN: 19991026
Last Updated on STN: 19991026
Entered Medline: 19991013
CT Check Tags: Human
*Analgesics: AD, administration & dosage
Analgesics: AE, adverse effects
Drug Utilization
Health Maintenance Organizations
Injections, Subcutaneous
***Migraine: DT, drug therapy**
Migraine: EP, epidemiology
Primary Health Care
Self Administration
***Sumatriptan: AD, administration & dosage**
Sumatriptan: AE, adverse effects
Treatment Failure
*Vasoconstrictor Agents: AD, administration & dosage
Vasoconstrictor Agents: AE, adverse effects
Washington
RN **103628-46-2 (Sumatriptan)**
CN 0 (Analgesics); 0 (Vasoconstrictor Agents)

L136 ANSWER 26 OF 35 MEDLINE
AN 1998247849 MEDLINE
DN 98247849 PubMed ID: 9588435
TI **Sumatriptan** injection reduces productivity loss during a **migraine** attack: results of a double-blind, placebo-controlled trial.

CM Comment in: Arch Intern Med. 1999 Jan 25;159(2):197
AU Cady R C; Ryan R; Jhingran P; **O'Quinn S**; Pait D G
CS Headache Care Center, Springfield, MO 65804, USA.. rcady@headachecare.com
SO ARCHIVES OF INTERNAL MEDICINE, (1998 May 11) 158 (9) 1013-8.
Journal code: 0372440. ISSN: 0003-9926.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199806
ED Entered STN: 19980611
Last Updated on STN: 20000303
Entered Medline: 19980604
AB OBJECTIVE: To evaluate the impact of **sumatriptan** succinate injection compared with placebo on productivity loss during a **migraine** attack in the workplace. DESIGN: Randomized, double-blind, placebo-controlled, parallel-group clinical trial. SETTING: Fifteen clinical centers in the United States. PATIENTS: One hundred thirty-five patients 18 years and older diagnosed as having **migraine** according to International **Headache** Society criteria. INTERVENTIONS: Patients self-administered **sumatriptan** injection (6 mg) or matching placebo to treat a moderate or severe **migraine** occurring within the first 4 hours of a minimum 8-hour work shift. MAIN OUTCOME MEASURES: Mean productivity loss 2 hours after dosing and across the work shift; percentages of patients returning to normal work performance within 2 hours after dosing and across the work shift; percentages of patients experiencing **headache** relief (reduction of moderate or severe predose pain to mild or no pain) 1 and 2 hours after dosing. RESULTS: Mean productivity loss was significantly (P< or =.002) lower in the **sumatriptan** group compared with the placebo group both during the 2-hour postdose period (**sumatriptan**, 39 minutes; placebo, 54 minutes) and across the work shift (**sumatriptan**, 86 minutes; placebo, 168 minutes). Significantly (P<.001) greater percentages of patients in the **sumatriptan** group compared with the placebo group returned to normal work performance by 2 hours after dosing (**sumatriptan**, 52%; placebo, 9%) and across the work shift (**sumatriptan**, 66%; placebo, 18%). Significantly (P< or =.001) greater percentages of patients in the **sumatriptan** group compared with the placebo group experienced **headache** relief 1 hour after dosing (**sumatriptan**, 69%; placebo, 18%) and 2 hours after dosing (**sumatriptan**, 79%; placebo, 32%). CONCLUSION: **Sumatriptan** reduced **migraine**-associated productivity loss during a minimum 8-hour work shift by approximately 50% compared with placebo and alleviated **headache** in more than three fourths of patients.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult
Double-Blind Method
*Efficiency
***Migraine: DT, drug therapy**
Recurrence
Self Administration
Severity of Illness Index
Sumatriptan: AD, administration & dosage
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**
Treatment Outcome
Vasoconstrictor Agents: AD, administration & dosage
Vasoconstrictor Agents: AE, adverse effects
*Vasoconstrictor Agents: TU, therapeutic use
*Work

RN **103628-46-2 (Sumatriptan)**
CN 0 (Vasoconstrictor Agents)

L136 ANSWER 27 OF 35 MEDLINE
AN 1998039166 MEDLINE
DN 98039166 PubMed ID: 9371897
TI Clinical efficacy and tolerability of 2.5 mg **zolmitriptan** for the acute treatment of **migraine**. The 042 Clinical Trial Study Group.
CM Comment in: Neurology. 1997 Nov;49(5):1193-5
AU Solomon G D; **Cady R K**; Klapper J A; Earl N L; Saper J R; Ramadan N M
CS Cleveland Clinic Foundation, OH, USA.
SO NEUROLOGY, (1997 Nov) 49 (5) 1219-25.
Journal code: 0401060. ISSN: 0028-3878.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199712
ED Entered STN: 19980109
Last Updated on STN: 19980109
Entered Medline: 19971208
AB Previous studies demonstrated that **zolmitriptan** at doses of 1 to 25 mg was highly effective in treating acute **migraine** attacks. The 2.5-mg dose had a favorable therapeutic effect with high efficacy and good tolerability. The objective of this study was to further evaluate the efficacy of a single 2.5-mg dose of **zolmitriptan** (Zomig, formerly known as **311C90**) for acute treatment of a single moderate or severe **migraine** attack. The study was a randomized, double-blind, placebo-controlled clinical trial. Female and male patients, 12 to 65 years old, with **migraine** (with or without aura) for > or = 1 year, one to six **migraines** per month, and age at onset < 50 years were included; 327 patients were screened and randomized to receive either **zolmitriptan** (n = 219) or placebo (n = 108). Patients treated a single moderate or severe **migraine** **headache** with 2.5 mg **zolmitriptan** or placebo and recorded clinical efficacy and adverse events on a diary form. **Headache** response at 2 hours was 62% for **zolmitriptan** compared with 36% for placebo ($p < 0.001$); at 4 hours, **headache** response was 70% with **zolmitriptan** and 37% with placebo ($p < 0.001$). **Headache** recurrence in patients treated with 2.5 mg **zolmitriptan** was 22% (versus placebo 30%). The **headache** response at 4 hours, pain-free rate, and response rate of nonheadache symptoms favored **zolmitriptan** over placebo. No serious adverse events were associated with **zolmitriptan** treatment. A 2.5-mg dose of **zolmitriptan** is clinically effective and well tolerated for the acute treatment of **migraine**.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Acute Disease
Adolescent
Adult
Aged
Child
Double-Blind Method
Middle Age
***Migraine: DT, drug therapy**
*Oxazoles: AD, administration & dosage
Oxazoles: AE, adverse effects
*Serotonin Agonists: AD, administration & dosage

Serotonin Agonists: AE, adverse effects
RN **139264-17-8 (zolmitriptan)**
CN 0 (Oxazoles); 0 (Serotonin Agonists)

L136 ANSWER 28 OF 35 MEDLINE
AN 97395774 MEDLINE
DN 97395774 PubMed ID: 9251874
TI Responsiveness of non-IHS **migraine** and tension-type **headache** to **sumatriptan**.
AU **Cady R K; Gutterman D**; Saiers J A; Beach M E
CS Headache Care Center, Springfield, MO 65804, USA.
SO CEPHALALGIA, (1997 Aug) 17 (5) 588-90.
Journal code: 8200710. ISSN: 0333-1024.
CY Norway
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199710
ED Entered STN: 19971224
Last Updated on STN: 19971224
Entered Medline: 19971027
AB In a long-term efficacy and safety study, 424 patients were treated with **sumatriptan** (6 mg sc) for 1,904 **migraine** attacks. The patients were diagnosed with **migraine** based on IHS criteria but individual **migraine** attacks treated in the study were physician diagnosed; not necessarily required to meet IHS criteria. A re-analysis of the treatment response to open label **sumatriptan** (6 mg sc) indicated that 43 patients had treated at least one **migraine** that fulfilled IHS criteria for tension-type **headache**. Analysis of this population revealed they treated 232 **headaches**. Of these **headaches**, 114 were classified per IHS criteria as **migraine**; 76 as tension-type; and 42 as non-IHS **migraine** (not classifiable as IHS **migraine** or IHS tension-type **headache**). Of the 114 **migraines**, a positive response to **sumatriptan** occurred in 109 (96%) cases; of the 76 tension-types, 73 responded to **sumatriptan** (97%); of the 42 non-IHS **migraine**, 40 (95%) responded to **sumatriptan**. An equivalent response to **sumatriptan** among three diagnostic groups of **headache** supports the concept of a common biologic mechanism involving 5HT1 receptors that spans a range of clinical presentations.
CT Check Tags: Female; Human; Male
Adult
Longitudinal Studies
***Migraine: DT, drug therapy**
*Serotonin Agonists: TU, therapeutic use
***Sumatriptan: TU, therapeutic use**
***Tension Headache: DT, drug therapy**
RN **103628-46-2 (Sumatriptan)**
CN 0 (Serotonin Agonists)

L136 ANSWER 29 OF 35 MEDLINE
AN 97034241 MEDLINE
DN 97034241 PubMed ID: 8879897
TI Efficacy and tolerability of subcutaneous **sumatriptan** administered using the IMITREX STATdose System.
AU Mushet G R; **Cady R K**; Baker C C; Clements B; **Gutterman D L**; Davis R
CS Georgia Headache Treatment Center, Augusta, USA.
SO CLINICAL THERAPEUTICS, (1996 Jul-Aug) 18 (4) 687-99.
Journal code: 7706726. ISSN: 0149-2918.

CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199701
ED Entered STN: 19970128
Last Updated on STN: 19970128
Entered Medline: 19970108
AB The efficacy and tolerability of subcutaneous (SC) **sumatriptan** administered with the IMITREX (**sumatriptan** succinate) STATdose System, which circumvents the need for patients or health care professionals to handle a syringe, were evaluated in two randomized, double-masked, parallel-group, placebo-controlled, multicenter studies. In the clinic, 158 adults with **migraine** diagnosed according to International **Headache** Society criteria received SC **sumatriptan** (6 mg) or placebo delivered with the IMITREX STATdose System for treatment of a **migraine** attack. By 120 minutes after SC dosing, 73% and 79% of **sumatriptan**-treated patients, compared with 28% and 37% of placebo-treated patients in studies 1 and 2, respectively, experienced **headache** relief (a statistically significant difference). Clinical disability scores 120 minutes after dosing showed that 75% and 85% of **sumatriptan**-treated patients, compared with 30% and 42% of placebo-treated patients, were normal or only mildly impaired (a statistically significant difference). Similar efficacy rates were observed for nausea, phonophobia, and photophobia. No serious or unusual adverse events occurred, and no clinically relevant abnormalities in laboratory test values were reported. Based on these results, we concluded that SC **sumatriptan** (6 mg) administered using the IMITREX STATdose System is effective for the treatment of **migraine**. The efficacy and tolerability profiles of SC **sumatriptan** administered with this device are similar to those reported for SC **sumatriptan** administered with a conventional syringe.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult
Double-Blind Method
Drug Tolerance
Injections, Subcutaneous
Middle Age
***Migraine: DT, drug therapy**
***Sumatriptan: AD, administration & dosage**
Sumatriptan: AE, adverse effects
Sumatriptan: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**

L136 ANSWER 30 OF 35 MEDLINE
AN 96135007 MEDLINE
DN 96135007 PubMed ID: 8537803
TI Improvements in health-related quality of life with **sumatriptan** treatment for **migraine**.
AU Jhingran P; **Cady R K**; Rubino J; Miller D; Grice R B; **Gutterman D L**
CS Glaxo Research Institute, Research Triangle Park, North Carolina, USA.
SO JOURNAL OF FAMILY PRACTICE, (1996 Jan) 42 (1) 36-42.
Journal code: 7502590. ISSN: 0094-3509.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199602

ED Entered STN: 19960221
Last Updated on STN: 19980206
Entered Medline: 19960207

AB BACKGROUND. The debilitating effects of **migraine** might be reduced in patients using an effective **migraine** medication. The serotonin (5HT1) receptor agonist **sumatriptan** has been shown in clinical trials to alleviate **headache** and associated symptoms in the majority of patients treated. METHODS. Three hundred forty-four (344) patients with **migraine** were allowed to treat an unlimited number of **migraine** attacks for up to 24 months with subcutaneous **sumatriptan** (6 mg). Open-label oral **sumatriptan** (100 mg) could be used between 1 hour and 24 hours after the initial injection for treatment of recurrent or persistent **headache**. On four occasions during the treatment period, patients completed the Medical Outcomes Study Short Form-36 Health Survey, a general health status instrument; the **Migraine**-Specific Quality of Life Questionnaire, a disease-specific instrument; and a series of questions designed to measure the impact of **migraine** on productivity and disability. RESULTS. Treatment with **sumatriptan** was associated with significant ($P < .05$) improvements relative to baseline in three of the Short Form-36 Health Survey quality-of-life dimensions (Bodily Pain, General Health Perceptions, and Social Functioning) and three of the **Migraine**-Specific Quality of Life Questionnaire dimensions (Role Function-Restrictive, Role Function-Preventive, and Emotional Function). Significant ($P < .05$) improvements in patient-rated productivity and reductions in patient-rated disability also occurred during the trial. CONCLUSIONS. Patients using **sumatriptan** to treat **migraines** for up to 24 months experienced improvements in disability and productivity as well as in health-related quality of life as measured either by a general health status instrument or a disease-specific instrument.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Acute Disease
Adolescent
Adult
Aged
Disabled Persons
Efficiency: DE, drug effects
*Health Status
Middle Age
***Migraine: DT, drug therapy**
Migraine: PP, physiopathology
Migraine: PX, psychology
*Quality of Life
Serotonin Agonists: PD, pharmacology
*Serotonin Agonists: TU, therapeutic use
Sumatriptan: PD, pharmacology
***Sumatriptan: TU, therapeutic use**

RN **103628-46-2 (Sumatriptan)**
CN 0 (Serotonin Agonists)

L136 ANSWER 31 OF 35 MEDLINE
AN 95363389 MEDLINE
DN 95363389 PubMed ID: 7636454
TI Patient preferences for **migraine** therapy: subcutaneous **sumatriptan** compared with other medications.
AU Luciani R J; Osterhaus J T; **Gutterman D L**
CS Albuquerque Clinic, New Mexico 87110, USA.
SO JOURNAL OF FAMILY PRACTICE, (1995 Aug) 41 (2) 147-52.
Journal code: 7502590. ISSN: 0094-3509.
CY United States
DT (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199509
ED Entered STN: 19950921
Last Updated on STN: 19990129
Entered Medline: 19950911
AB BACKGROUND. This study was conducted to identify, from the patient's perspective, the important attributes of a **migraine** therapy and to assess the performance of subcutaneous **sumatriptan**, aspirin, acetaminophen, and patients' usual therapies with respect to these attributes. METHODS. Six hundred forty-eight patients who had received subcutaneous **sumatriptan** (one or two doses, 6 mg per dose, for a single **migraine** episode) or placebo in a clinical trial completed questionnaires. RESULTS. According to patients, the four most important attributes of a **migraine** therapy are "how well it works," "how safe it is," "how fast it works," and "side effects." The least important attribute is "cost of drug." Subcutaneous **sumatriptan** received significantly more favorable scores than did aspirin, acetaminophen, or patients' usual therapies with respect to the attributes of how well it works, how fast it works, and number of doses needed to relieve pain. Subcutaneous **sumatriptan** was also rated more favorably than either aspirin or patients' usual therapies with respect to side effects. Acetaminophen and aspirin were rated significantly more favorably than subcutaneous **sumatriptan** on the attributes "easy to take" and "easy to buy." Asked which drug they would use again for **migraine**, more patients selected subcutaneous **sumatriptan** than any other single medication. More patients also ranked subcutaneous **sumatriptan** as the best overall performer compared with other **migraine** medications taken in the last 12 months. CONCLUSIONS. These data indicate that according to patients' preferences, subcutaneous **sumatriptan** possesses many of the attributes of an ideal **migraine** therapy.
CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't
Adult
Aged
Analgesics: TU, therapeutic use
Injections, Subcutaneous
Middle Age
***Migraine: DT, drug therapy**
*Patient Satisfaction
***Sumatriptan: TU, therapeutic use**
RN **103628-46-2 (Sumatriptan)**
CN 0 (Analgesics)

L136 ANSWER 32 OF 35 MEDLINE
AN 95079063 MEDLINE
DN 95079063 PubMed ID: 7987510
TI Oral **sumatriptan** in the treatment of recurrent **headache**
AU **Cady R K**; Rubino J; Crummett D; Littlejohn T W 3rd
CS Shealy Institute, Springfield, Mo.
SO ARCHIVES OF FAMILY MEDICINE, (1994 Sep) 3 (9) 766-72.
Journal code: 9300357. ISSN: 1063-3987.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199501
ED Entered STN: 19950124

Last Updated on STN: 19950124
Entered Medline: 19950111

AB BACKGROUND: **Sumatriptan** is effective for the treatment of acute **migraine**. However, **headache** may recur in about 30% of patients within 24 hours of successful treatment. OBJECTIVE: To evaluate the efficacy of oral **sumatriptan**, 100 mg, in the treatment of **headache** recurring within 24 hours of achieving **headache** resolution with subcutaneous **sumatriptan**, 6 mg. STUDY DESIGN: Subcutaneous **sumatriptan** was administered for up to 12 **migraine** attacks in a randomized, double-blind, parallel-group study. Patients whose **headache** was completely resolved 90 minutes after subcutaneous dosing received either oral **sumatriptan** or placebo at the onset of recurrent **headache**. Patients whose **headache** was not completely resolved were offered rescue medication, including **sumatriptan**. Patients rated **headache** severity for 24 hours. SETTING: Fifteen US outpatient clinics. MAIN OUTCOME MEASURE: Percentage of patients with relief of recurrent **headache** and adverse events. RESULTS: Approximately 90% of patients achieved relief of **headache** (severe or moderate **headache** reduced to mild or no **headache**) by 90 minutes after unblinded subcutaneous administration of **sumatriptan**. Efficacy rates were at least 80% regardless of whether the **headache** fulfilled the International **Headache** Society criteria for **migraine**. About 64% of patients achieved complete relief. Oral **sumatriptan**, 100 mg, relieved moderate or severe recurrent **headache** within 4 hours in up to 81% of patients. Oral **sumatriptan** administered as rescue medication to patients not **headache**-free did not relieve persistent **headache**. The incidence, pattern, and severity of adverse events after combined subcutaneous and oral administration of **sumatriptan** were similar to those after subcutaneous administration alone. CONCLUSIONS: Oral **sumatriptan** was consistently effective in the treatment of **headache** recurrence.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Administration, Oral
Adolescent
Adult
Aged
Double-Blind Method
Injections, Subcutaneous
Middle Age
***Migraine: DT, drug therapy**
Recurrence
Sumatriptan: AD, administration & dosage
Sumatriptan: AE, adverse effects
***Sumatriptan: TU, therapeutic use**
Time Factors
Treatment Outcome

RN **103628-46-2 (Sumatriptan)**

L136 ANSWER 33 OF 35 MEDLINE
AN 93317195 MEDLINE
DN 93317195 PubMed ID: 8392150
TI Efficacy of subcutaneous **sumatriptan** in repeated episodes of **migraine**.
CM Erratum in: Neurology 1993 Oct;43(10):2010
AU **Cady R K**; Dexter J; Sargent J D; Markley H; Osterhaus J T; Webster C J
CS Shealy Institute, Springfield, MO 65803.
SO NEUROLOGY, (1993 Jul) 43 (7) 1363-8.
Journal code: 0401060. ISSN: 0028-3878.
CY United States
DT (CLINICAL TRIAL).

Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199308
ED Entered STN: 19930820
Last Updated on STN: 19950206
Entered Medline: 19930809
AB This double-blind, placebo-controlled, multicenter, crossover study investigated the efficacy and tolerability of **sumatriptan** administered for up to three separate **migraine** attacks. One hundred twenty adults received **sumatriptan** (SC, 6 mg; three attacks) and placebo (one attack). Patients completed questionnaires assessing the impact of **migraine** on their lives and the performance of **sumatriptan** relative to their usual acute therapies. **Sumatriptan** statistically outperformed placebo on all efficacy measures, including pain severity; presence/absence of nausea, vomiting, phonophobia, and photophobia; rescue medication use; and clinical disability. Efficacy was consistently maintained with repeated administration. For all attacks, pain relief 90 minutes postdose occurred in 86% to 90% of **sumatriptan**-treated patients, compared with 9% to 38% of placebo-treated patients. **Sumatriptan** was well tolerated, and the frequency and severity of adverse events did not change with repeated administration. Patients' perceptions of **sumatriptan** were consistent with clinical data demonstrating the drug's high degree of efficacy and tolerability.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adolescent
Adult
Aged
Double-Blind Method
Indoles: AD, administration & dosage
Indoles: AE, adverse effects
*Indoles: TU, therapeutic use
Injections, Subcutaneous
Middle Age
***Migraine: DT, drug therapy**
Migraine: PP, physiopathology
Questionnaires
Recurrence
Serotonin Agonists: AD, administration & dosage
Serotonin Agonists: AE, adverse effects
*Serotonin Agonists: TU, therapeutic use
Sulfonamides: AD, administration & dosage
Sulfonamides: AE, adverse effects
*Sulfonamides: TU, therapeutic use
Sumatriptan
Time Factors
RN **103628-46-2 (Sumatriptan)**
CN 0 (Indoles); 0 (Serotonin Agonists); 0 (Sulfonamides)

L136 ANSWER 34 OF 35 MEDLINE
AN 93123945 MEDLINE
DN 93123945 PubMed ID: 8380430
TI Recent advances in **migraine** management.
CM Comment in: J Fam Pract. 1993 Sep;37(3):225-6
AU **Cady R K**; Shealy C N
CS Shealy Institute, Springfield, MO 65803.
SO JOURNAL OF FAMILY PRACTICE, (1993 Jan) 36 (1) 85-91. Ref: 48
Journal code: 7502590. ISSN: 0094-3509.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)
(REVIEW LITERATURE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199302
ED Entered STN: 19930226
Last Updated on STN: 19950206
Entered Medline: 19930208
AB **Migraine** periodically disables millions of Americans and thus has a significant economic impact on society. Successful treatment of **migraine** requires that the physician understand the pathophysiology underlying **migraine** and educate the **migraineur** in the management of this chronic pain syndrome. Recent advances in the receptor biochemistry of serotonin have given important insight into the mechanisms of **migraine** pain and treatment. An understanding of these mechanisms has resulted in treatment strategies that address the mechanism of **headache** control rather than just symptom control. Advances in pharmacologic therapy include a newly developed highly selective serotonin agonist called **sumatriptan**, which appears to be a promising addition to the armamentarium of abortive **migraine** treatments. Further data correlating the role of daily analgesics and ergotamines in transforming episodic **migraine** into chronic daily **headache** represent another significant advance in **migraine** management. Clinical trials of **sumatriptan** are reviewed, and the role of daily analgesic and ergotamine use is discussed in relation to advances in **migraine** pathophysiology and available demographic data on **migraine**.
CT Check Tags: Human
Analgesics: TU, therapeutic use
Ergotamine: TU, therapeutic use
*Indoles: TU, therapeutic use
***Migraine: DT, drug therapy**
Migraine: ET, etiology
Migraine: PP, physiopathology
*Serotonin Agonists: TU, therapeutic use
*Sulfonamides: TU, therapeutic use
Sumatriptan
*Vasoconstrictor Agents: TU, therapeutic use
RN **103628-46-2 (Sumatriptan)**; 113-15-5 (Ergotamine)
CN 0 (Analgesics); 0 (Indoles); 0 (Serotonin Agonists); 0 (Sulfonamides); 0 (Vasoconstrictor Agents)

L136 ANSWER 35 OF 35 MEDLINE
AN 91237945 MEDLINE
DN 91237945 PubMed ID: 1851894
TI Treatment of acute **migraine** with subcutaneous **sumatriptan**.
CM Comment in: JAMA. 1991 Nov 20;266(19):2703-4
AU **Cady R K**; Wendt J K; Kirchner J R; Sargent J D; Rothrock J F; Skaggs H Jr
CS Shealy Institute for Comprehensive Health Care, Springfield, Mo. 65803.
SO JAMA, (1991 Jun 5) 265 (21) 2831-5.
Journal code: 7501160. ISSN: 0098-7484.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199106
ED Entered STN: 19910714

Last Updated on STN: 19980206
Entered Medline: 19910626

AB **Sumatriptan** succinate, a 5-HT1D receptor agonist, constricts human cranial arteries. Two parallel-group trials for treatment of acute **migraines** were conducted in the United States. Adult patients were randomized and given either 6 mg of **sumatriptan** succinate subcutaneously (n = 734) or placebo (n = 370). At 1 hour, **sumatriptan** was significantly more effective than placebo in reducing moderate or severe **headache** pain to mild or no pain (70% vs 22%), in completely relieving **headaches** (49% vs 9%), and in improving clinical disability (76% vs 34%). **Sumatriptan** also reduced nausea and photophobia significantly better than placebo. Patients with residual **migraines** received another injection; those who had originally received **sumatriptan** received either a second active injection (n = 187) or placebo (n = 178), while those who had received placebo received a second placebo injection (n = 335). Statistical evidence for benefit of second **sumatriptan** injection is absent. Adverse events associated with **sumatriptan** were tingling, dizziness, warm-hot sensations, and injection-site reactions. **Sumatriptan** is effective and well tolerated in patients with acute **migraine.**

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Acute Disease
Adult
Double-Blind Method
*Indoles: AD, administration & dosage
Indoles: AE, adverse effects
Indoles: TU, therapeutic use
Injections, Subcutaneous
***Migraine: DT, drug therapy**
*Sulfonamides: AD, administration & dosage
Sulfonamides: AE, adverse effects
Sulfonamides: TU, therapeutic use
Sumatriptan
*Vasoconstrictor Agents: AD, administration & dosage
Vasoconstrictor Agents: AE, adverse effects
Vasoconstrictor Agents: TU, therapeutic use

RN **103628-46-2 (Sumatriptan)**
CN 0 (Indoles); 0 (Sulfonamides); 0 (Vasoconstrictor Agents)

=> d his

(FILE 'HOME' ENTERED AT 11:19:16 ON 09 JUN 2003)
SET COST OFF

FILE 'REGISTRY' ENTERED AT 11:19:45 ON 09 JUN 2003

L1 7 S (SUMATRIPTAN OR NARATRIPTAN OR RIZATRIPTAN OR ZOLMITRIPTAN OR
L2 19 S SUMATRIPTAN OR NARATRIPTAN OR RIZATRIPTAN OR ZOLMITRIPTAN OR
L3 18 S L2 AND (C14H21N3O2S OR C17H25N3O2S OR C22H26N2O2S OR C17H25N3
L4 7 S L3 AND 1/NC
L5 7 S L1,L4
L6 11 S L3 NOT L5
SEL RN L5
L7 58 S E1-E7/CRN
L8 47 S L7 NOT L6
L9 34 S L8 NOT MXS/CI
L10 21 S L9 NOT COMPD
L11 28 S L5,L10
L12 13 S L9 NOT L11
L13 10 S L12 NOT (C10H16O4S OR C5H7NO3 OR C5-C6-C6-C6/ES)
L14 1 S L13 AND C15H18N2O2 AND C14H21N3O2S
L15 9 S L13 NOT L14

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L16          37 S L11,L15

     FILE 'HCAPLUS' ENTERED AT 11:27:25 ON 09 JUN 2003
L17         960 S L16
L18        1286 S SUMATRIPTAN? OR NARATRIPTAN? OR RIZATRIPTAN? OR ZOLMITRIPTAN?
L19          35 S GR43175 OR GR()(43175 OR 43 175)
L20          38 S 311C90 OR SB209509 OR SB()(209509 OR 209 509)
L21        1360 S L17-L20

     FILE 'REGISTRY' ENTERED AT 11:34:55 ON 09 JUN 2003
L22           1 S ASPIRIN/CN
L23           1 S ACETAMINOPHEN/CN
L24           3 S (IBUPROFEN OR NAPROXEN OR INDOMETHACIN)/CN
L25           1 S CAFFEINE/CN
L26           2 S (CELECOXIB OR ROFECOXIB)/CN
L27         486 S 50-78-2/CRN
L28          14 S L27 AND 103-90-2/CRN
L29          45 S L27 AND 58-08-2/CRN
L30          10 S L28 AND L29
L31           1 S L30 AND 3/NC

     FILE 'HCAPLUS' ENTERED AT 11:38:57 ON 09 JUN 2003
L32       16185 S L22
L33       23421 S ASPIRIN? OR (ACETYLSALICYLIC OR ACETYL SALICYLIC)()ACID
L34        9985 S L23
L35        6040 S ACETAMINOPHEN?
L36       18467 S L24
L37       36116 S IBUPROFEN? OR NAPROXEN? OR INDOMETACIN? OR INDOMETHACIN?
L38         746 S L26
L39         663 S CELECOXIB OR REFECOXIB
L40           9 S L31
L41          22 S EXCEDRIN# OR FIORINAL# OR NEURANIDAL# OR THOMAPYRIN N
L42         516 S L32,L33 AND L34,L35 AND (L25 OR CAFFEINE)
                E MIGRAIN/CT
                E E4+ALL
L43        2390 S E1,E2
                E E4+ALL
L44        1151 S E3
L45        4208 S ?MIGRAIN?
                E HEADACHE/CT
L46        3310 S E3-E7
                E E3+ALL
L47        3310 S E4
L48        6634 S HEADACHE
L49         698 S L21 AND L43-L48
L50         368 S L32-L42 AND L43-L48
L51        1003 S L49,L50
L52           3 S L51 AND (PRODROM? OR PRO DROM?)
L53           1 S L51 AND (PREEMPT? OR PRE EMPT?)
L54           3 S L52,L53
L55           2 S L21 AND (PRODROM? OR PRO DROM?)
L56           7 S L21 AND (PREEMPT? OR PRE EMPT?)
L57           6 S L55,L56 NOT L54
L58           7 S L32-L42 AND (PRODROM? OR PRO DROM?)
L59           2 S L58 AND ?MIGRAIN?
L60           5 S L58 NOT L59
L61           3 S L54,L59
L62          14 S L21 AND (COGNIT? OR REACTION TIME OR RUNNING(S)MEMOR?(S)PERFO
L63           0 S L21 AND STANIN?
L64          43 S L21 AND BASELINE
L65           1 S L64 AND L62
                E COMPUTER APPLICATION/CT
                E E3+ALL
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L66           2 S L21 AND E2,E1+NT
L67          14 S L21 AND (E7+NT OR E9+NT OR E10+NT OR E11+NT OR E12+NT OR E14+
                E E19+ALL
L68          25 S L21 AND E2-E25
L69           0 S L21 AND (E28+NT OR E29+NT)
                E E28+ALL
L70          18 S L21 AND E2+NT
L71           9 S L21 AND E3+NT
L72           6 S L66-L71 AND L51
L73           1 S L61 AND L62-L72
L74           3 S L61,L73
                E CADY R/AU
L75          20 S E3,E5,E12,E14
                E GUTTERMAN D/AU
L76           4 S E7-E9
                E O QUINN S/AU
L77           6 S E3-E6
                E OQUINN S/AU
                E QUINN S/AU
L78           1 S E8
L79           5 S E20
                E QUINN O/AU
L80           9 S L21 AND L75-L79
L81           1 S L80 AND L32-L42
L82           9 S L80 AND L51
L83          11 S L74,L80-L82
L84           5 S L21 AND (PREMONIT? OR ANTICIPAT? OR PRESENTIMENT? OR FOREWARN
L85          11 S L83 AND L17-L21,L32-L84

     FILE 'HCAPLUS' ENTERED AT 12:42:39 ON 09 JUN 2003
                SEL HIT RN L85

     FILE 'REGISTRY' ENTERED AT 12:42:57 ON 09 JUN 2003
L86          10 S E1-E10
L87          10 S L86 AND L16,L22-L31

     FILE 'MEDLINE' ENTERED AT 12:43:42 ON 09 JUN 2003
L88        1485 S L16
L89        2020 S L18 OR L19 OR L20
L90        2020 S L88,L89
L91        1327 S L90 AND ?MIGRAIN?
                E MIGRAIN/CT
                E E4+ALL
L92       11132 S E15+NT
                E E13+ALL
L93       12827 S E5+NT
                E E61+ALL
L94       13016 S E30+NT
L95        1218 S L90 AND L92-L94
L96        1444 S L91,L95
L97         736 S L90 AND HEADACH?
L98        1454 S L96,L97
L99           6 S L98 AND (PRODROM? OR PRO DROM?)
                E PRODROM/CT
L100         11 S L98 AND (COGNIT? OR REACTION TIME OR RUNNING(S)MEMOR? OR MAT
L101          0 S L98 AND STANIN?
L102      21316 S NEUROPSYCHOLOGICAL TESTS+NT/CT
L103      42650 S REACTION TIME+NT/CT
L104      44273 S (MEMORY+NT OR MENTAL RECALL+NT)/CT
L105        311 S MATCH?(S)SAMPL?/TI
L106     170259 S (PSYCHOMOTOR PERFORMANCE+NT OR LEARNING+NT)/CT
L107       6911 S PATTERN RECOGNITION+NT/CT
                E DISCRIMINATION/CT
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L108        8777 S E4+NT
L109       14206 S E12+NT
L110     1052294 S MATHEMATICS+NT/CT
L111           3 S STANFORD SLEEP?/TI
L112       92222 S PSYCHOLOGICAL TESTS+NT/CT
L113       37342 S SLEEP+NT/CT
L114          23 S MOOD SCAL?/TI
L115       31731 S PSYCHIATRIC STATUS RATING SCALES+NT/CT
L116          15 S STANIN?
L117       38049 S (PSYCHOMETRICS+NT OR PERSONALITY INVENTORY+NT)/CT
L118         123 S L98 AND L102-L117
L119         119 S L118 AND ?MIGRAIN?
L120           1 S L98 AND (PREEMPT? OR PRE EMPT?)
L121           1 S L99,L120 AND L100-L120
L122           7 S L99,L121,L120
L123           4 S (L92 OR L93 OR L94)(L)PC/CT AND L118
L124         119 S L118 NOT L122,L123
L125          11 S L100 NOT L122,L123
L126         120 S L124,L125
                 SEL DN AN 62 76 99 119
L127           4 S L126 AND E1-E12
L128          11 S L122,L127 AND L88-L127

     FILE 'MEDLINE' ENTERED AT 13:09:33 ON 09 JUN 2003
                 E CADY R/AU
L129          56 S E3,E9,E12,E13
                 E GUTTERMAN D/AU
L130          16 S E3,E7
                 E O QUINN S/AU
L131          20 S E3,E6,E7
                 E OQUINN S/AU
L132          43 S L129-L131 AND L90
L133          43 S L129-L131 AND L98
L134           8 S L133 AND L99-L128
L135           7 S L134 NOT L128
L136          35 S L133 NOT L128,L134,L135
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